

The American Journal of

CLINICAL MEDICINE

Dependable Therapeutic Fact for Daily Use

APRIL

MCMXVIII

Help According to Your Ability

IN this re-birth of our country's valor, we who will edge the wedge of her assault calmly accept the hazards. For us, the steel-swept trench, the stiffening cold—weariness, hardships, worse. *For you, for whom we go, you millions safe at home—what for you? . . .* We shall need food. We shall need care. We shall need clothes for our bodies and weapons for our hands. We shall need terribly and without failure supplies and equipment in a stream that is constant and never-ending. *From you, who are our resource and reliance, who are the heart and hope of that humanity for which we smite and strive, must come these things."*

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The American Journal of **CLINICAL MEDICINE** *Dependable Therapeutic Fact for Daily Use*

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April, 1918

The Rational Treatment of Typhoid Fever

IF we stopped to say, "I told you so," every time a confirmation of our therapeutic principles appeared in print, we really think we should have to cut out all the rest of the reading matter and increase the number of our pages, in order to get in all those references. We are referring just now to the article on "copper arsenite in typhoid fever" printed on page 142 of our February number. This paper was condensed from one by Dr. L. F. Solomon, as published in *The New Orleans Medical and Surgical Journal* for December last. We wonder what the people who so strenuously deny the value of intestinal antiseptics would have to say of Doctor Solomon's list of 186 cases of typhoid fever without a single death, and without tympanites, hemorrhage or any other affliction.

At about or shortly after the time when we began to advocate the sulphocarbolates as intestinal antiseptics, Dr. John Aulde, of Philadelphia, began to recommend copper arsenite for the same purpose. Each of these agents has many friends, and that both have succeeded as they have, certainly indicates that success following their use

depends upon the principle of antiseptics rather than upon any one member of the group of antiseptic remedies.

It is a pity that medical opinion is so largely ruled by fashion. Instead of medicine being the freest and most scientific profession practiced by humanity, it is about the most stubborn and pigheaded when it comes to receiving and utilizing new knowledge.

In one point, we have to differ with Doctor Solomon, namely, when he suggests that excessive temperature rises should be met with sponging with diluted alcohol and by applying an ice-cap to the head. This is, to direct treatment to the effect, and not to the cause. Such febrile rises may be attributed to imperfect emptying of the bowel and to the contact of retained and decomposing fecal matter with the open intestinal ulcers. The indication is, to try to get rid of this foul material and have these ulcers bathed in a somewhat less toxic fluid.

However, there is something in the action of the salts of copper that deserves much closer study than they have yet re-

ceived. Copper is practically nontoxic to the human being; while of all the metals it is doubtful whether any excepting mercury exerts so powerful a restraining influence on certain microorganisms. The sulphocarbonate of copper is something, therefore, that should not be passed by without trial.

If the gatherer gathers too much, Nature takes out of the man what she puts into his chest; swells the estate, but kills the owner. Nature hates monopolies and exceptions.

—Emerson.

IRON IN ANEMIA

One of our able contemporaries is opposed to the practice of giving iron preparations in anemia, for the reason that iron in abundance is normally obtained from the food.

Of course, iron is normally obtained from our food, and we only have to restore the digestive organs to a healthy condition to supply the system with iron in the natural process of assimilation. But, it often is impossible to restore digestive organs to health while the blood is lacking in red blood-corpuscles and while the digestive juices are unable to break up complex food-molecules and transform their nutritive constituents into matter readily assimilable. Why do we give egg-water to an irritable stomach instead of baked beans? Why do we prescribe predigested and highly concentrated foods in pernicious anemia instead of giving pie and cheese? Why, indeed, have we a science of dietetics at all? Healthy digestive organs obtain nourishment from almost any food. But, clinically, we have found that when the functional activity of the digestive organs is impaired we get better results by prescribing a diet that nourishes without overtaxing enfeebled powers.

So it is in anemia, by giving iron in a readily assimilated form, we supply the lack in the system, and the digestive organs soon respond to the influence of enriched blood by improving in tone and power. No doctor who has witnessed the almost immediate effect of iron preparations in the terrible anemia of diphtheria, scarlet-fever, et cetera, can doubt its beneficial influence. Theory is admirable when it is borne out by facts; but, we must be governed by facts alone. The digestive organs should, and normally do, supply the system with all

its needs. Still, the digestive organs are not infallible. They are very sympathetic and respond quickly to trouble in remote parts of the body. For instance, the anemia of pregnancy, before the system becomes habituated to the new drain on it, is largely responsible for the distressing nausea and vomiting. Small doses of iron will often benefit, if not entirely relieve, the gastric symptoms.

The great fundamental law of action and reaction must never be overlooked. As has been well said, "disease can be cured only by the removal of its cause," and if anemia, due to lack of hemoglobin in the blood, be the underlying cause of digestive inadequacy, let us try to remove it by the administration of iron in a readily assimilable form.

AS TO INOPERABLE CANCER

The list of incurable diseases is contracting. Thus, instead of looking upon tuberculosis as a member of this class, we now know that very many cases, probably a very large majority of all cases, recover. We have learned, also, that in a case of organic disease of the heart, liver, kidneys or other organs, when there has been destruction of tissue which we can not hope to re-create, we, still, can do wonders in the way of enabling the patient to continue to live, despite his disability. In truth, many such victims not only endure till the full expectancy of their lives has been fulfilled, but, even longer than they would have had they not been compelled through their condition to care for themselves and conserve their remaining stock of vitality. Not only so, but, their lives may be as well lived, as well filled with usefulness and happiness as of those of men suffering no physical disability.

When we come to cancer, it is different, and there is all the more reason why we should concentrate our energies upon this intractable malady. The surgeon has one remedy—cut it out. But, he is pushing his intervention constantly toward an earlier stage of the disease, until in many instances it is not cancer he is operating upon, but, the dread of cancer or of the possibility of cancer in the future. When once the disease has developed to the point of a positive diagnosis, he will admit that the prospects are not so great. Nevertheless, even

here he finds a useful field, in checking the progress of the malady and relieving the patient from much of his suffering. The elder Gross operated upon a woman for mammary cancer twenty-seven times during the period of about as many years.

However, we come face to face with cases where operation is not to be considered, such, for instance, as abdominal cancer, although intraperitoneal and multiple several times, at that. In the presence of such a condition, the boldest surgeon folds his tent and his paraphernalia and sorrowingly goes home.

Twenty years ago, in the presence of such a condition, we were confronted with this question:—"If life be impossible unless the patient is drugged into unconsciousness, why live? Sleep is but the little brother of death; and, surely, with a sleep from which the patient arouses only to suffer the torture of hell until he or she is put to sleep again, why sleep?"

This state of affairs, however, has changed and in such desperate circumstances there is now some chance for the unfortunate one. We refer particularly to the treatment by means of the x-ray and radium in the hands of an expert. There is nothing miraculous about these remedies nor are they exceptions to the universal rule, that a remedy is effectual in proportion to the skill and experience of the operator. But, when that is understood, there is, really, more to be looked for from this method of treatment than we should have believed possible a few years ago.

We mean exactly what we are saying: it is not the camouflage with which the dying patient is so universally deceived by his kind-hearted physician. For our own part, we never did believe much in lying and used that remedy (the lie), only when in our judgment it was indicated—as a matter of duty, as being the most effective therapeutic weapon at our hands. However, when day after day we see the cancerous tumors shrinking in size and the other symptoms concomitantly improve, we feel fully warranted in saying that the x-ray and radium offer such chances to the inoperable-carcinoma patient that he is not justified in neglecting them.

Now, don't holler "enough," until you are licked. Comes to mind the tale of the Cumberland sloop. With old-fashioned

smooth-bore guns, she saw her shot and shell rebounding harmless from the sloping walls of the iron-clad Merrimac, while shells from the latter penetrated the wooden sides of the Cumberland as a needle goes through cloth. Then the Merrimac rammed her, once, twice, tearing, each time, a huge hole in her side, through which poured in the flood of salt waters of the bay. The Cumberland sank until she rested upon the bottom; yet, even so, her flag, flying from her lofty mast, still waved over her watery grave. That's the stuff, my cancerous friend.

It is not for man to rest in absolute contentment. He is born to hopes and aspirations, as the sparks fly upwards, unless he has brutified his nature, and quenched the spirit of immortality, which is his portion.

—Southey.

WE HAVE LEARNED SOMETHING NEW

We always like to see a man who isn't afraid to acknowledge that he is wrong. Sometimes we—the writer of these lines—are wrong, ourselves, and it would be very hard, indeed, for us to acknowledge it, in anything excepting in therapeutic lines. But, here, we are so much more interested in the therapeutics itself than in the establishment of our own private individual views that it comes easy.

Of all the agents in the materia medica, it is probable there is not one that is so thoroughly and universally known as to its therapeutics, in the profession and outside of it, as "epsom salt." Why, it is as familiar to all of us as table-salt. But, the researches of the last few years have shown that magnesium sulphate possesses properties never so much as dreamed of or suspected by the thousands of practitioners who have used this agent since the Roman legionaries camped about the Epsom spring in old Albion.

We are just enjoying a little laugh at ourselves. How confidently we asserted that we had the active principle of the Epsom water in the sulphate of magnesium, and nobody but a mossback would persist in using the water when he could get the clean, chemically pure salt and administer it in accurate dosage. "Yes, but," remonstrated the alleged mossback, "there is something else in this water besides magnesium

sulphate." "Very good," we rejoined, "trot it out. For what do we maintain chemists and study chemistry? Let the gentry of flask and crucible get busy. Extract this 'something else' you talk about and let us have it in tangible shape, where we can see it, taste it, try it out experimentally and apply it in practice; suitably dosed and rationally administered for such ailments as we may find it useful."

Our position was that of the materialist generally. But, lo and behold, along comes radium and knocks our argument into everlasting smithereens. More than that, we find the most amazing possibilities, in the way of therapeutic applications, depending upon elements in the natural mineral waters the properties and powers of which have now been established beyond a peradventure. Half a century ago, we should as well have given credence to the fantastic imaginings of the Thousand Nights and a Night.

After all, is there any position a reasonable man can take, save that of an agnostic? How can we deny anything after the x-ray and radium? How can we sneer at the fantastic claims for curative properties in mineral springs, mud baths, and like cures, which we have hastily set down as mere excuses for wheedling money from the pockets of easy victims? It is true, when a claim is made for radioactivity of any mineral water, we only are in position to question the truth of the presence of this element. But, what will be the next similar discovery?

A steady hand in military affairs is more requisite than in peace, because an error committed in war may prove irremediable.

—Bacon.

MAGNESIUM SULPHATE CURATIVE IN CANCER?

Quite recently, we were surprised when a thoroughly capable physician, one of the kind whose views are always worth heeding, asserted that there was something in Doctor Burgess' claim that lotions of magnesium sulphate restrained the development of cancer, and even caused its retrogression to the point of cure. Doctor Burgess accomplished much good by directing attention to the topical application of this remedy. His claim to cure cancer, however, did not seem, to this writer, to merit much

consideration. Because of his not being a scientifically educated physician or a college man, we doubted Doctor Burgess' ability to distinguish between malignant and other growths. Nevertheless, we can not afford to take chances, and, when it comes to treating cancer, we ought not to lose any bets.

We wonder whether any readers of CLINICAL MEDICINE have had experience in this matter. If so, won't you, please, sit down just now, while the subject is in your mind, and write out your experience and send it to the editor? Understand, failures are just as important as are successes. What we want now, and always, is not, to establish the value of a remedy by the views of somebody else, but, to establish the truth.

When we have found that any remedial agent has value in any direction, we immediately set about endeavoring to delimit its field of activity. It is exactly like developing an oil-field. When a new oil-pool has been struck, people begin to put down their wells all around it, and they keep on doing this until they have established the limits of that field of production. That is exactly what we should do with our remedies.

Doctor Burgess has gone to his final reward, but, it certainly would justify the erection of a monument to him, were this one claim of his to be established.

IODINE IN ORGANIC HEART DISEASE

Our diagnoses of organic diseases of the heart depend upon the presence of abnormal murmurs modifying the heart-sounds. These murmurs are attributed to alterations of the valves by abnormal deposits, which result either in narrowing the lumen of the valves or preventing their perfect closure. The prognosis, such a lesion having been disclosed, usually is a gloomy one; for, what can we do in the presence of an organic change?

However, it is our belief, that a prognosis of this kind very frequently is not justified; that, as a matter of fact, we can do a very great deal. For one thing, we can give iodine, in whatever form happens to be our individual favorite. We can give iodine in doses as large as the patient is able to bear without iodism being induced; and we can persist in this course for an indef-

inite period. If we do this, we shall, in almost every instance, observe a marked modification of the murmurs for the better and in many instances, their total disappearance.

How explain this phenomenon? We may assume that, when these deposits upon the valves are freshly formed, they are within the influence of the circulation and thus may be reached by remedies carried by the blood and lymph. When, on the other hand, the deposits are old and have become cartilaginous and altogether extravascular, they cannot be so influenced.

How are we to know to what extent these deposits still are intravascular and amenable to treatment? Simply by prescribing the absorbent treatment and watching the result.

War educates the senses, calls into action the will, perfects the physical constitution, brings men into such swift and close collision in critical moments that man measures man.

—Emerson.

REMEMBER THE BLIND

If there be a pitiful spectacle, it is that of the totally blind, and this not so much from the fact of the blindness, but, from the knowledge that the vast majority of these cases are due to culpable neglect. Among our civic communities, Buffalo stands out as one in which blindness has been reduced to the minimum. There, ophthalmia neonatorum is almost unknown, and the reasons are these:

Every midwife in the city of Buffalo must be licensed; every midwife is required to put Crédé's 1-percent solution of silver nitrate into the eyes of every baby immediately after it is born. Of course, this also applies to physicians acting as obstetricians. The silver solution is furnished free by the city's department of health. The birth-certificates to be filed contain the question as to whether this preparation has been applied. Sore eyes occurring in the newborn must be reported to the department without delay. When a child is born under the ministrations of a midwife, a nurse from the bureau of child hygiene immediately investigates the case, and reports her findings. Birth-certificates must be filed within five days of the birth. How many, many persons have there not been rescued from blindness by these regu-

lations and their thoroughly effective enforcement!

Take it all in all, such work as this, together with the medical inspection and care of school-children, goes far to justify the increasing tendency of the day toward government supervision of our people. The old go-as-you-please methods have gone into the discard. The government will now tell you whether a physician is properly qualified to care for your health. You need not be afraid to send your child to the public school—he will be looked after, contagious disease, when present, is detected, and he even will be fed, besides being vaccinated, and all of it better than you could do these things for him; just as he is better educated in the learning that comes from books than he would be if the average parents performed that task.

ORGANIZATION AND ORGANIZATION

Elsewhere we print the reply of Dr. F. N. Richardson to our editorial of last month, entitled "The Old Order Changeth", which itself was written in comment upon a previous communication from Doctor Richardson. I do not think there is any further discussion to be had upon this aspect of the subject that would be profitable or enlightening. There is, however, one striking sentence in this last communication from the Doctor which seems to me to call for a little special consideration and comment all its own. Questioning the real advantage of high organization, he asks, "Is not Germany, and has she not for some time been, a highly organized community, in which individualism is almost absolutely destroyed? What a hellish thing she is proving to be!"

I believe that the view embodied in this question contains two very serious errors, which have deceived and misled many thoughtful people both before and since the outbreak of the present war. Before the war, these errors of thought deluded us into an exaggerated—almost a hypnotic—admiration of Germany's system of government and her national philosophy of life; since the war began, the self-same errors have beguiled us into an equally extravagant denunciation of the organization and system which previously we idolized.

One of these errors is, the very common syllogistic fallacy technically known as *post hoc ergo propter hoc*. "Germany is

highly organized: Germany has shown herself to be domineering, rapacious, conscienceless: therefore, organization makes for these qualities." But, there is no real relation of cause and effect established or capable of being established between these two predications, either by the science of logic or by the facts in the case.

It nowhere appears that Germany's organization had any causative part in making her rapacious and domineering. If there be any relation of cause and effect at all, it would be more in accordance with known facts to assert that her rapacity and her domineering aims had caused her to develop her high degree of organization, for the purpose of carrying out her vicious aims with so much the more thoroughness. But, that, of course, does not indicate any inherent vice in a high degree of organization *per se*; on the contrary, it clearly implies that high organization could just as well be made to serve the interests of praiseworthy aims, if applied to them.

At all events, it can not be shown, either by logic or by history, that Germany's organization contributed anything but desirable qualities to her national life and conduct—qualities of thoroughness and efficiency—no matter to what undesirable purposes these qualities may have been devoted. These are qualities that characterize every great criminal; but, it certainly would be the height of foolishness to assert, therefore, that they were the qualities that made him criminal. These qualities also characterize every great humanitarian; still, no one will pretend that thoroughness and efficiency make him humanitarian. It is these qualities, in the criminal as well as in the humanitarian, that make them *great*. They, therefore, in themselves are admirable qualities; and the process by which they are developed—organization—is, in itself, a desirable one.

However, there is, I think, a still more fundamental error in this attitude toward Germany's organization, which misled us, first, into an absurdly extravagant worship of it, and then into an equally extravagant anathema against it. This other error is not one of syllogism, but, of fact.

The truth is, Germany is not, and never has been (since she became an empire), organized in the normal sense of the term. It may, of course, be argued, with truth, that no nation is ideally organized; that the organization of every nation has defects and

anomalies. However, it is not a question of perfection, but, of kind. The very perfection and nicety of Germany's organization, indeed, ought to have raised suspicion in any thoughtful man's mind—certainly in the mind of any scientist or philosopher—of its normality. For, natural types of organization do not attain such four-square, mechanical niceness.

Germany's organization is not the normal adaptation, as between unit and unit and between unit and mass, that develops out of the trial-and-error, give-and-take experience of the organism. It is the artificial systematization of a community by a few arbitrary minds that have acquired a false authority by an equally artificial and unnatural process. It is an objective organization, not a subjective one. Germany's organizers pretend to have worked upon biological processes and along biological lines. But, in fact, they have, like most people who usurp the functions of nature, selected a few principles and phenomena of nature as a working-basis and ignored a thousand others equally influential.

I do not say that in the organization of every nation—I am speaking of modern civilized nations—such artificial, arbitrary interventions do not occur, rendering their organization to that extent artificial and abnormal. However, in the democratic nations, these are incidental and exceptional and, on the whole, their organization is normal and wholesome. In Germany, on the contrary, the entire system is of this artificial, forced character and only incidentally and exceptionally do we see normal, vital processes cropping out—to be promptly crushed by the self-appointed arbiters of her destiny.

Normal organization, whether in biologic organisms or in national communities, does not come from above, by forcible intervention, but, from below, by natural adaptation. England, France, America—all the democratic nations—have fought this principle out with blood and tears. Upon them, too, such organization used to be imposed. Germany is still living in feudal times; her wonderful "organization," at which we have been gaping with admiration, is "old stuff," which England and France and America long ago rejected. It is foolish to allow ourselves to be hypnotized by it.

However, it is equally foolish to permit ourselves, in the revulsion of our feeling, to denounce organization. Unnatural, ab-

normal organization *does* make for vicious and disastrous ends. Still it by no means follows that natural, normal organization is a vicious thing. Artificial organization, like every usurpation of, and interference with, natural processes, works ultimate injury to the race. Normal organization, the same as every natural process, in the very nature of things, works for the genuine advantage of the whole.

THE INDEPENDENT MEDICAL JOURNAL

Despite the utmost efforts of its enemies, the independent medical journal continues to live and even to flourish. Of course, under the strain, some of the weaker periodicals went under; but, then, these have been almost exclusively those for which no really valid reason for existing was present, excepting the interests of the one particular person backing it.

A good deal of consolidation has been going on. Just now, William J. Robinson seems to be omnivorous in his capacity for swallowing his contemporaries. Victor, the son, had scarcely announced the consolidation of *Pediatrics* with his *Review*, when the elder Robinson purchases *The Pacific Medical Journal*, going clear across the continent to secure it, and adds it to one of the group of journals he already published. *The Medical Herald*, which we have just been reading with appreciation, incorporates *The Kansas City Medical Index-Lancet*, and this, itself, was a composite, as may be seen by the name. And, by the way, Fassett's *Herald* is one of those which deserve to live, as one quickly realizes on examination of its pages, well-filled with interesting and instructive material from men who deserve a hearing.

We hope the work of consolidation will continue. There had been many medical journals struggling along on the one-cylinder principle. One man constituted the staff, comprising editor, business manager, and proofreader. Each of these had a small circle of readers, generally not more than a thousand. It followed that patrons of its advertising pages had but little chance of obtaining a fair return from their purchase of advertising space. Also, those who go to the trouble of preparing really valuable papers were likely to be disappointed at the almost or complete absence of any

evidence of appreciation on the part of the readers. But, take ten such journals and combine them; then we have ten thousand as a clientele from which to draw, ten live men to constitute the staff of the journal, and only one printer's bill. Each writer has ten times more readers, each advertiser has ten times more possible customers. The journal can better afford to secure good contributions, and, altogether, we have one strong periodical instead of a number of weak ones.

The question of locality, of local interests, is a very easy one, indeed; for, each of the ten members of the staff could have special space assigned for his own interests. We hope that those of our friends who have had nerve to start medical journals and who are getting tired of the unpaid work may take this matter into serious consideration.

Men will always act according to their passions. Therefore the best government is that which inspires the nobler passions and destroys the meaner.

—Jacobi.

THE FOOD AND DRUGS ACT

We have had now ten years' experience in the practical workings of the food and drugs act. It would be easy to quote statistics as to the work done, however, these would give little real information as to the enormous benefits conferred upon our people at large by this act. In its practical workings, much has amply proved the need of such legislation. Conscienceless greed has been checked in innumerable quarters; adulteration of food has been stopped; the marketing of spoiled food, poisonous through decomposition and unfit for human consumption, must now be rare, indeed. The average housekeeper may now have the satisfaction of knowing that she is getting what she is buying and paying for, and she recalls that she had mighty small chance of doing this before. The doctor who wants to prescribe drugs has a much better chance of getting these of good quality, although the very nature of many drugs precludes perfection here, since they alter in composition from day to day. We learn that even in the District of Columbia, under the very eye of the government, carelessness on the part of druggists in compounding such simple preparations as magnesium-citrate solution, chloroform liniment, and

spirit of camphor still is prevalent; also, that pennyroyal has been found to contain as high as twenty percent of sand, unicorn root containing fifteen percent of earth, and pipsissewa-leaves consisting almost entirely of stems. Further, that some of the varieties of aconite-root contain no aconitine.

However, these derelictions are as few now as they were common before the passage of this act. More than forty thousand times manufacturers have been called upon to answer charges under this act. Many thousand factory inspections have been made, more than three-quarters of a million examinations of food and drugs. Over six thousand cases have been tried in the courts.

One very gratifying result of these laws has been, to alter the relations of dealers with each other. Instead of a mad scramble to secure business by lowering prices to a level that would necessitate a corresponding lowering of quality, these men now form associations, with the object of establishing standards, and at the same time reputations based thereon. This is one of the most wholesome results of this beneficent law.

Another valuable feature has been, to stop the claims of the people who are curing cancer, tuberculosis, and other incurable diseases. To some extent, this part of the work is neutralized by the fact that so many periodicals open their advertising-columns to these claims, so that further legislation evidently is needed to close these gaps. The innocent development of drug-habits by use of remedies in which habit-drugs have been concealed has been about stopped. Since the Harrison antinarcotic law was enacted, it has vastly increased the benefits derivable from the Food and Drugs Act. There still, however, is much to be done in this line, since it is evident that far more narcotic drugs get into the hands of habitués than should be possible under these laws.

Mistake, error, is the discipline through which we advance.

—Channing.

THE LIBERTY OF DISCIPLINE

The severe training, the continuous hard work, the regular hours and habits, and the military discipline, all are factors in a much-

needed lesson that is being learned by the American people and that will make the people, as a nation, far more efficient in the end, while being of great immediate benefit to the soldiers themselves. We refer to military discipline, that bugbear of the personal-liberty crank, who was afraid that the National Army would founder on it as on an immovable rock. The rock was, and is, immovable; strict discipline is maintained in the training camps; but, instead of being refractory and restless under the unaccustomed restraint, our young men are learning that they can be truly free only if they have learned to obey.

Dr. Allan McLane Hamilton (*Med Rec.*, Feb. 16) cites the following passage penned originally by General Crozier, who was attached to the Pekin relief expedition (*North Amer. Rev.*, 1901). Concerning the American soldiers, General Crozier said: "They were the most intelligent of all the troops forming the expedition, as was strictly apparent from observation of their faces at the good opportunity afforded by the march past the staff at the entry of the Forbidden City, on which occasion also their neatness and fine appearance was most gratifying." On this occasion, the American soldiers were seen in comparison with the English, French, Russian, Japanese, and German troops; so, the test must have been a highly satisfactory one.

Similar praise of American soldiers has been voiced by General Pershing after seeing his own troops in comparison with those of our French and British allies. It is given freely to the graduates of training camps, whether in officers' schools or in the training camps of the National Army. It comes home to our personal knowledge, moreover, when we see the bright, alert young men in khaki, on leave of absence, walking down the streets of our cities, towns and villages; it is manifested in their brisk step and action, in their determined but not boorish or bullying bearing, in their bright, clear faces, and the intelligence displayed in every act.

When we think of the slovenly and, often, slouchy crowds of young men who trailed to the railway stations a few months ago, on their way to the training camps, and compare them with the young men coming back on a visit, soldierly, free-stepping young fellows with whom one wants

to shake hands, wishing them Godspeed, one can not but realize and acknowledge the means that were instrumental in working the remarkable transformation. Nobody would dream of doubting that these same young soldiers, once they return to civil life, will make far better citizens than those slovenly, slouchy young boys would have made. Nobody can deny that their military training has actually made them free men, worthy citizens of a free, democratic country. And this by the very instrumentality of discipline, the discipline that was, and still is, decried by unthinking and foolish people as undemocratic and un-American.

Un-American, forsooth! A big sermon might be written upon the postulate that liberty can be acquired only by the conquering of self, by the knowledge of obedience, by the subordination of the puny personal wish and wilfulness to the good of the whole. It is an ages-old philosophical truism, this, about the liberty of discipline, and it is being preached loudly in every soldier that walks our streets. If the American people take this lesson to their hearts, if they apply it to themselves, every one, not alone the soldier boys, a great additional gain will be recorded, and by so much more the war will not have been in vain.

ABOUT YOUR SUBSCRIPTION

Notwithstanding the increased cost of printing and of mailing, we have decided not to raise the subscription price for *CLINICAL MEDICINE*; at least, for the present. Nor shall we raise it later unless absolutely forced by circumstances and in order to avoid losing money.

Naturally, we hope that our subscribers will reciprocate by sending in their renewals promptly. If this is done without the formality of a statement having to be mailed, it makes for greater economy—an important factor at the present time. If, for any reason, it were to become necessary after all to raise the subscription price, this increase would not affect those subscribers whose subscriptions are paid up. For this reason, we suggest, doctor, that you place yourself on the safe side by taking advantage of our special offer of three years' subscription for the price of \$5.00. In this way it is possible to save one dollar and to

protect yourself against any advance in price that may become imperative.

In response to a gentle dun, one physician wrote, recently: "Excuse oversight. No, I cannot afford to miss the 'Feast of Good Things.' One article in last year's *CLINICAL MEDICINE* netted me enough to pay my subscription for fifteen years." How about you, doctor?

Let us beware of losing our enthusiasm. Let us ever glory in something, and strive to retain our admiration for all that would ennoble, and our interest in all that would enrich and beautify our life.
—Phillips Brooks.

A POINT IN GERIATRICS

When one has passed the meridian and the vital forces are no longer occupied with the sustention of growth and the development of power, the problem of life, of how to live, changes. With a never ceasing ebb of the vitality, with the growing accumulation of the infirmities and inconveniences of age, the outworks must be abandoned and the garrison concentrated more and more in the citadel, the keep. The whole business of living may be expressed in the one word—conservation.

Not many books have been written upon the prolongation of life, and those few have not attracted very general attention. "De Senectute" is known only to the dilettante scholar, who in the seclusion of his study delights himself with the charm of that wonderful thinker who twenty centuries ago carried his art to a height no successor has reached. Half a century ago, Erasmus Wilson rescued from oblivion Hufeland's work titled "The Art of Prolonging Life" and gave it to the English-reading world. Since then, the publications on this topic may be easily enumerated upon the fingers of a single hand—and we defy the ordinary medical practitioner to name one of them without reference to a catalog.

When Metchnikoff took up the subject of old-age, it came to the present writer with a singular aspect of novelty. Nascher has done and is doing good work in rescuing this matter from the region of fadism and placing it upon a firm basis as an important medical specialty. Curious, that this should be necessary! Doesn't every person want to live as long as he can? Doesn't he want to retain full vigor and the

capacities of usefulness and enjoyment to the very last? Yet, there is a wealth of good effort squandered upon some questionable surgical procedure, such as renal decortication, for the tiniest trickle of interest devoted to the peculiar conditions of the aged.

All of which I have said before—and shall, most probably, have to say again. For, it has long since been borne in upon me that the entire world is not waiting anxiously to hear what I have to say or to read what I indite; but, that only here and there some idle or curious person takes a moment of leisure to glance over these pages.

My old mother—God bless her—was in the habit of waylaying the minister after services and reproachfully informing him that "you preached that sermon on Sunday, May the fourth, two years ago." The old dominie would get nettled; but he, however, should have felt complimented that at least one of his congregation was paying such close attention. I certainly feel that way when somebody reminds me of a suggestion made by me in years gone by.

Quite unaccountably, in all the studies on longevity at my disposal, no consideration seems to be given to the question of where one should choose to live, in order to live long. A valued correspondent takes up this matter. Writing from the Gulf Coast, he says: "We are 1300 feet lower here than in Ohio. That means more oxygen per square inch; this means fewer respirations per minute; this means fewer heart-beats per minute. I came here with a pulse-rate of 85 to 95 per minute; now it is 70. One can not overestimate the saving of energy—muscular and nervous force—by this change."

The effects of exposure to cold are more complicated. The energy expended in sustaining the body-heat during a long cold winter is supplied by a corresponding consumption of calories; but, this entails an expenditure of force by the digestive system of which it hardly seems capable, when we reflect upon the growing enfeeblement of this function with advancing years. However, cold itself is vitalizing and exerts a certain influence in promoting the orderly functioning of the organism in general. Those who, accustomed to the north-

ern cold, avoid it by a resort to the warmer southern sections, do they not lose something?

The dilemma is easily overcome: Just hop out of your bed and don a bathing-gown, walk down to the wharf and take a header into the salt water of the bay. Rub your skin into a glow with a coarse towel and then take your coffee. The water is plenty cold enough to afford the desired reaction, but hardly more so than the lake-water at the Chicago beach, in which you disport in hot August. All the benefits of cold are secured thus, and, yet, one may enjoy sunshine and warmth all the year 'round at the same time. Doctor Dewees' argument, as above quoted, is well worth considering.

THE SALE OF ALCOHOLICS TO SOLDIERS

A few weeks ago, a newspaper dispatch stated, incorrectly, that the federal regulations regarding the furnishing of alcoholic drinks to soldiers had been modified. As a matter of fact, these regulations have been made much more stringent. So we are informed by the Commission on Training Camp Activities of the War Department. New regulations have been issued, the primary object of which is, to stamp out the illicit traffic in liquor, or bootlegging around army camps. Its provisions, however, do not apply to the serving of liquor in private houses to soldiers who are members of family or *bona fide* guests outside the "dry" zones established around military camps. Under the old provisions of the President's order, only the sale to officers or enlisted men in uniform was prohibited outside of zones. There was no prohibition against giving, serving or delivering it to a soldier in a private home or elsewhere outside such zones. In this way, bootleggers and unscrupulous liquor-dealers outside these zones were enabled to evade the law without violating it technically.

These inadequacies have been fully remedied in the new order, which makes it clear that anyone serving, giving or delivering liquor to a soldier, with the exceptions noted above, is subject to prosecution and punishment by a fine of \$1000 or twelve months' imprisonment, or both. The penalties are defined in the original law.

Leading Articles

The Progress in Surgery in the Last Twenty-Five Years

By BENJAMIN H. BREAKSTONE, B. S., M. D., Chicago, Illinois

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"SURGERY, as a science, made little impression on the world until about a century ago; but, since that time, it has aroused admiration in every part of the world. The progress has been greatest during the last seventy-five years and is due, principally, to the discovery of anesthesia and to asepsis, though the dissemination of medical literature, the formation of medical libraries, the organization of modern hospitals, the equipment of scientific laboratories, and the foundation of medical schools have been factors of great importance." (C. M. Nicholson.)

Sir Berkeley Moynihan, writing recently on "the gifts of surgery to medicine," says:

"In the earlier years of the nineteenth century, an acquaintance with the morbid processes attacking internal organs was based upon two sources of information, only—upon an inquiry into the details of the clinical history of any disease, as it developed, waned or progressed, and upon the examination of the parts involved after the death of the sufferer. . . . When the great gift of America to humanity—the discovery of the anesthetic power of ether—was brought to the aid of the operator, vast possibilities were at once apparent in the range of the surgeon's work. But, the dread of infection, indeed, the certainty of infection, held his hand for more than a generation, till the work of the greatest man our profession has ever produced, Lister, made the dream of the surgeon come true, made it possible for him with safety to carry through many pro-

cedures which before had been quite impossible."

Within the past twenty-five years, however, the trend of surgical progress has been toward making operations safer, thus reducing mortality and shortening gradually the period of convalescence; and, therefore, attention has been centered on, first, systematizing the methods of the preparation of the patient; second, anesthesia; third, simplification of technic; and, fourth, after-treatment.

Preparation Of The Patient

If we look back upon the surgery of twenty-five years ago and compare the results then with the results we are getting now, we cannot help but note the great mortality that, to my mind, was due very largely to the method of preparation. Those of us who were practicing at that time remember that our patients were starved and purged for about a week before the operation finally was performed, and our patient, therefore, was in a very weakened condition and his vitality was so lowered before the operation that the mortality was very high. Also, owing to the lessened resistance of the patient, most of the wounds became septic, and remained septic, because of the strenuous means in preparing the field of operation, which was then being performed with very strong *antiseptic* agents.

At the present time, after making a diagnosis, if the indication for operation exists, one day's preparation is sufficient; during which time, we examine the urine, test the blood as to leukocytosis and as to its coag-

ulation-time, as well as to its percentage of hemoglobin, and we also examine the various secretions and excretions in which we are interested for that particular operation. The differential leukocyte count is of great value in foretelling whether pus is present, while the coagulation-test is of special value in cases where tonsillectomy is to be performed or when hemorrhage is to be expected. And, if the coagulation-time is slow, that is, if it is more than five minutes, then, before the operation, a dose of horse-serum or coagulin or calcium iodide or other calcium salt, or, more recently, kephalin can be given hypodermically or intravenously. Then another coagulation-test is taken and, if the coagulation-time is normal, may the operation proceed.

In the preparation of the patient, as well as for the operation itself, prophylaxis is the keynote; and the things to be prevented are, shock and hemorrhage. We have already spoken about the subject of hemorrhage.

Concerning Shock

To prevent shock, nearly every author has his own method; and, in former years, there was more or less shock following every operation, owing to the long period of preparation, which had its mental effect on the patient, and also to the anesthetic and the method of its administration.

Moynihan, who speaks of the great value of anesthesia and antisepsis in modern surgery, also calls attention to the method, introduced by Dr. George W. Crile for the reduction of shock from abdominal operations, that is known as anociassociation. According to Crile, by means of local anesthetics (novocaine for the skin, quinine and urea for the parietal peritoneum), "a barrier can be erected around the area to be operated upon, so that no nerve impulses can be conveyed from the territory so isolated. The field of operation, that is to say, may be temporarily disconnected from the brain, not only at the time of operation, but, for periods of one to five days subsequently. . . . The fears which hover around the last hour before an operation are greatly modified by the administration of a small dose of morphine with scopolamine. A happy frame of mind is thereby induced, and very little nitrous-oxide gas is required to put the patient soundly to sleep." To the great discover-

ies of Morton and of Lister, this of Crile's seems to be the fitting completion.

George W. Crile, in his recent article, "The Progress of Surgery During the Past Quarter of a Century," says:

"The controversy regarding the physiological nature of shock still continues. Although the causation of surgical shock is under dispute, however, by various methods of prevention and of treatment, the dangers of this age-long menace of the operative clinic have been practically eliminated. The transfusion of blood is now practiced in the best clinics to meet the emergencies of shock and hemorrhage—the technic of transfusion having been so perfected during the last few years that it is readily and safely performed as a routine procedure in many cases in which the weakened condition of the patient precludes the safety of operative procedures unless the margin of safety is thus increased.

"The doctrine of anociassociation, the logical sequence of the enunciation of the kinetic theory of surgical shock, in 1910, is finding a steadily increasing number of adherents. The complete technic of anociassociation, which includes, not only the combination of narcotics with inhalation and local anesthesia, but, also, the use of the gentle and careful manipulations, is making possible the safe extension of surgical procedures into new fields and upon patients formerly considered impossible risks."

Although a great deal of very creditable work has been done by Crile, as above quoted, and by many other authors, still, it has the disadvantage of making the period of preparation rather long; which in acute cases is undesirable. Secondly, it has not yet been scientifically proven that the changes that take place in the cerebral cells are entirely consequent upon this anociassociation; and, thirdly, many operations (see series of articles by the author, "Everyday Surgery," in *CLINICAL MEDICINE*, 1910, '11, 12) can be performed under local anesthesia plus narcotics without any inhalation whatever.

The method that I have followed for many years is, to clean out the bowels, then, an hour before the operation, administer either a hypodermic of morphine sulphate, 1-4 grain, or scopolamine-morphine, or something which is less danger-

ous and more convenient, namely, hyoscine, morphine and cactin in suitable dosage, and then begin with the volatile anesthetic, if one is necessary.

Many operations, such as appendicectomies, herniotomies, cholecystotomies, can be performed under hyoscine-morphine narcosis alone; by giving one dose four hours, another dose two hours and a third dose one hour before the operation. The patient will then not see and will not be aware of anything that is going on, thus having no unnecessary fear of the anesthetic. Shock will then be reduced to a minimum.

If shock does occur, and transfusion is necessary, the simplest method is one described by Doctor Abelmann in *The Journal of the American Medical Association*. Many cases of shock are due to having the patient taken to the operating-room before preparation for the operation is complete. It is better to anesthetize the patient in some other room before he is brought to the operating-room.

Anesthesia

Within very recent years, great efforts have been made to standardize the method of anesthesia. A great deal of the immediate bad after-effects of the operation were caused by the anesthetic, the chief symptoms of which are, nausea and vomiting. It has been found in the administration of ether that vomiting can be absolutely prevented if the urine is rendered alkaline before the operation, and for this purpose alkaline waters or the administration of sodium bicarbonate (in 20-grain doses every hour before the operation until the urine is rendered alkaline) will prevent vomiting. If, however, the operation must be performed at once, then vinegar may be used on the mask as the operation is being finished. It is the consensus among experts that the vomiting is a consequence of acidosis and, therefore, can be prevented in the foregoing manner. It is also the general opinion that the safest anesthetic today outside of local anesthetic, is, nitrous-oxide gas for preventing the exciting stage, especially if hyoscine-morphine-cactin was not previously administered, followed by ether, by the drop-method, with the ordinary mask.

As stated before, even major operations can be performed, administering either scopolamine-morphine or hyoscine-mor-

phine-cactin, without any other anesthetic by inhalation; and this absolutely prevents shock and likewise shortens the period of convalescence, because of the absence of nausea, vomiting, and other untoward phenomena.

Asepsis

Great strides have been made in the simplification of our methods of asepsis. A quarter of a century ago, we were at the extreme of antisepsis. Now, however, especially with the oncoming of this great war, it became necessary to simplify our methods of asepsis. We have found that antisepsis is positively harmful, but, have observed that asepsis aids in the healing of wounds.

This has been made so simple that we can do major operations, not only on the battlefield, but, even at patients' homes. Especially with the simple dry preparation, which, with aseptic solutions, can be made with ordinary hydrant water—although sterile water is preferable and can be procured in any household. There is, therefore, no reason now to subject patients who have to be operated upon to long and dangerous journeys to a surgical center; for, with the simplification of asepsis, as well as with the simplification of surgical technic, the surgical center can be brought to the patient's home.

After-Treatment

After-treatment also has been very much simplified.

Postoperative pneumonia, which was a common complication, can be avoided by using less ether and cleaning and drying the patient, applying a pneumonia-jacket, and wrapping the patient carefully in blankets before he leaves the operating-room, and not subjecting him to drafts while he is being carried to his bed.

In days gone by, wounds were dressed every day, and it is no wonder that it took so long for them to heal. In most large hospitals, internes and pathological nurses, as the latter were called, were kept busy all day dressing wounds. Now, however, since we have learned to leave wounds alone and allow them to heal by primary intention, it no longer is necessary to dress a clean wound, from the time of operation until the sutures are removed. It is seldom now that a patient remains at the hospital longer than two weeks, if it is not a pus-case. There is no reason for dressing a

wound, unless there are special indications, and these indications are the usual signs of inflammation, such as pain, temperature, chills, leukocytosis.

Vascular Surgery

"The first successful end-to-end arterial suture upon a human patient was made by Murphy, in 1896, when he successfully united a femoral artery that had been severed by a gunshot-wound, although lateral sutures had previously been successfully employed by other operators. The brilliant investigations on blood-vessel surgery conducted by Carrel and Guthrie have shown remarkable results in animals, although the ultimate value, of many of these studies, for the human patient remains to be demonstrated. Carrel's triangular suture, however, has obviated the danger of narrowing the lumen of a sutured vessel and the consequent thrombosis; also, his researches have demonstrated that the success of blood-vessel surgery depends upon the observance of the most refined asepsis.

"Matas, in 1902, devised the method of aneurismorrhaphy, which has proved to be the most successful procedure for the radical cure of aneurism; and Halsted, in 1892, successfully ligated the first portion of the subclavian artery—a notable achievement in the field of vascular surgery. Even the heart no longer is a surgical *terra incognita*, it not only being repaired when wounded, but, may be directly massaged in desperate cases as a resuscitative measure." (Crile.)

In the advances in vascular surgery, we must not forget the recent operation of anastomosis between the saphenous vein and femoral artery for the cure of Raynaud's disease (symmetrical gangrene) and intermittent claudication. The results thus far with these operations have been encouraging.

Brain-Surgery

"In the field of brain-surgery, Sir Victor Horsley, of England, and Harvey Cushing, in America, are prominent, the work of the former in cerebral localization and of the latter in studies of the pituitary body being of special note. Tumors of the brain are now attacked with confidence." (Crile.) It is now possible to diagnose brain tumors with a great deal of precision as to their locality, by the Abderhalden test.

The advance in brain-surgery is largely a result of the improvement in the technic, which permits us to save more than eighty percent of the time by such inventions as Doctor Hoglund's motor saw.

Surgery of the Respiratory System

While operations upon the larynx, for the relief of conditions threatening suffocation, have always been employed, its successful extirpation was not accomplished until late in the last century, when in a Viennese laboratory it was successfully performed on animals; Billroth being the first to perform this operation on man. Since then, other surgeons have elaborated and perfected the technic, until it has become a generally accepted procedure for selected cases. The development of the two- and even three-stage operation under anociassociation has added greatly to the safety of laryngectomy, as of other desperate cases in which the margin of safety is too narrow to justify extensive operative procedures in one *séance*.

The possibilities of intrathoracic surgery received a great impetus from the invention, by Sauerbruch, of negative and positive pressure pneumatic chambers. By the use of differential pressure, Sauerbruch and Willy Meyer made great advances in esophageal and thoracic surgery, while the development of intratracheal insufflation by Meltzer has made possible the still further development of surgery of the chest, as has the control of the inflammation of the lungs by means of the monovalve apparatus. By the use of these various appliances, extensive resections of the thorax are practiced; the lung is explored for abscesses, cysts, and other tumors; and the thorax is opened for operations upon the heart." (Crile.)

The Ductless Glands

"The literature on the functions and surgery of the ductless glands, accumulated during the last twenty-five years, is equalled by that of no other branch of surgery or physiology. Kocher was the first to excise the thyroid gland for goiter (1878), and, in importance and volume, the reports of his operations and of his researches on the physiology of the thyroid gland lead the long list, closely followed by the reports of Von Eiselsberg, Mayo, Halsted, and many other operators and observers. Cushing's work on the function and surgery of the

pituitary body should be mentioned again in this connection. Laboratory researches upon the function of the thymus and the thyroid glands, the pituitary body, the adrenals, and of the internal secretions of other organs have opened a new and important field of therapy of vast significance to the surgeon as well as to the internist." (Crile.)

Speaking of thyroidectomy, the mortality in this operation has been greatly reduced, owing to the following reasons: First, the prevention of hemorrhage by previous treatment with horse-serum, and other biologic products; second, by selecting the proper time for operation; and, lastly, by preventing shock by performing this operation with local anesthesia, only.

Visceral Surgery

"Again we must credit Billroth with another important and significant surgical advance—the excision of the pylorus for cancer. As a logical result of the success of this procedure, practically every part of the alimentary tract is manipulated, opened, and, in numerous instances, excised. Following the lead of Sims, gynecological surgeons have mastered benign tumors and infections of the pelvic organs. In the treatment of appendicitis, timely operations have eliminated the former disasters of delay, and diseases of the gall-bladder are as successfully treated, as are appendiceal lesions. Under the searching clinical investigations of Sir Berkeley Moynihan and Mayo, duodenal ulcer has become amenable to surgical treatment; but, gastric ulcer, the relation of which to cancer has been strongly urged by the Mayo clinic, remains to be mastered. Cancer of the stomach and of the large intestine also present to the surgeon vast problems that must be solved before early diagnosis can be assured and the safety of operative procedures established. The two-stage operation under anociassociation promises to reduce the mortality in these cases by one-half. The surgical repair of perforations of the stomach and the intestines has been only partly successful. Great impetus to the development of the treatment of intestinal stasis has been given by the bold conceptions of Sir Arbuthnot Lane.

Genitourinary Surgery

"The especial operative contribution to genitourinary surgery during the last twenty-

five years is the development of the prostatectomy by either the suprapubic or the perineal route. This quarter of a century has been a great advance along diagnostic lines, however, as a result of the invention of the cystoscope and the utilization of the x-ray in connection with opaque solutions. Various efficient functional tests of the kidneys have been devised, also. Although the discoveries of Ehrlich and of Wassermann pertain more to the field of general therapeutics than to surgery, mention of neosalvarsan and of the Wassermann test should not be omitted, as both are constantly employed by the genitourinary specialist.

"The accuracy of diagnosis and the excellent immediate and end-results secured in surgery of the genitourinary tract have been equalled in scarcely any other surgical field." (Crile.)

In this connection, mention must be made of the experiments now being conducted by Dr. G. Frank Lydston, with the transplantation of testicles, for which he claims a great deal.

Bones and Joints

"Murphy's and Albee's bone-grafts and Lane's plates are at once suggested by this caption and need but to be mentioned. The transplantation of limbs successfully accomplished in the laboratory by Carrel has not yet proved applicable to human beings, on account of the tendency to autolysis of the transplanted part." (Crile.)

We should not here neglect to mention the great benefit to be derived from building up bone cavities with Senn's decalcified bone chips.

Cancer

"While not a ray of light seems to have penetrated the darkness which shrouds the etiology of cancer, yet, the mortality from this disease is continually falling. As in the case of tuberculosis, the wider-spread dissemination of knowledge regarding the early signs of cancer, and the necessity for the early removal of neoplasms of every character, together with the diminution of the terrors of the operating-table, have led progressively increasing numbers of laymen to seek early medical advice regarding new growths on outer parts and strange symptoms affecting the inner organs; while at the same time the general practitioner is more and more avoiding pernicious 'palliative' measures and send-

ing his patients to the surgeon, who, in his turn, has learned that in doubtful cases early exploration is imperative." (Crile.)

I have seen wonderful results from the use of radium, and my experience gives me the conviction that we should not allow any victim of inoperable cancer to die without trying radium.

X-Rays and Radiography

By far the greatest advance in surgery in the last quarter of a century is the discovery of the x-ray. This has enabled us to diagnose fractures which heretofore it was impossible to accomplish; it is very valuable in locating cerebral tumors; with opaque solutions it is of the greatest importance in the diagnosis of various gastrointestinal as well as genitourinary diseases, especially in the location of strictures; and is of the utmost importance in locating abscesses of the lung and other organs, thus making it possible to drain such abscesses and explore fields which before remained unexplored. Here we must note the work that is now being done by Dr. J. H. Carpenter who has injected opaque solutions into the vessels of cadavers and, by means of x-rays, shows pictures of the entire vascular system. While this has no direct bearing on surgical technique, yet, it revolutionizes our study of anatomy which is so essential a part of scientific surgery.

Before closing this article, we must not fail to remember that surgery owes a great deal of its progress to the systematizing of nursing and improvement in hospitals and the co-operation of the diagnostic and pathological laboratories.

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Causes of Bad Breath

By C. W. CANAN, M. D., Orkney Springs, Virginia

THE subject here discussed may seem commonplace and no doubt is fairly well understood, in a general way; still, a brief review may help to call to mind some long-forgotten hints of practical value.

While the exhaled air is principally composed of nitrogen and oxygen—the latter much less than at inspiration—it also contains a little aqueous vapor, ammonia, organic matter, and a little more than 4 percent of carbonic acid; the latter element being increased in the early stages of the infectious diseases, such as, measles, scarlatina, smallpox, but, is diminished in typhus fever. The temperature of the exhaled air is slightly less than that of the body, being influenced by the external atmosphere, although seldom falling below 92° F. Its temperature is raised in fevers, but, decreased in the algid stage of cholera and when death is impending; in many diseases, it is almost cold as the vital forces succumb. In perfect health, the human breath is almost odorless, it can be modified, often, by very slight causes, and in this way becomes valuable as a diagnostic sign.

Bad breath may be owing either to local causes or to systemic disease. Among causes that are local, there is dental caries; however, bad mouth-odor more often is a consequence of decaying food particles adhering to the teeth, as often found in persons of careless habits. The breath is very characteristic in alveolar pyorrhea, or Riggs' disease. Bad breath may arise from diseased conditions of the nasal cavity; especially so in chronic hypertrophic rhinitis. It is very fetid in gangrenous stomatitis and sickening in necrosis of the jaw. Diseases of the tonsils, larynx, and pharynx disagreeably influence the breath. In follicular tonsillitis and pharyngitis, the odor is due to decomposition of the secretions and particles of food filling the follicles and is like that of fecal matter, while that of diphtheria is suggestive of putrefaction.

In diabetes mellitus, there is a peculiar sweetish odor, likened to that of honey or sweet apples or new-mown hay.

In glaucoma, we have a peculiar breath known as *haleine safranée*, which is invariably present.

In pyemia, there is a peculiar breath, one that is difficult to describe, but, when once detected, will seldom be forgotten. The

breath of chronic alcoholism is very peculiar and very offensive, unlike any odor with which the writer has become acquainted.

Many volatile substances when entering the system through the ordinary channels are partly excreted by the lungs and are recognizable in the breath, among them being ether, chloroform, oil of turpentine and alcohol.

Offensive breath is always present in dyspepsia, whether gastric or intestinal. The reason is easily understood; when food ferments, gases and poisonous toxins are generated, these, with broken-down tissue-elements and other effete matter, are absorbed into the circulation, and nature, in its effort to assist in every way possible, throws them off through the lungs. When constipation is marked in these cases, the breath at times becomes very offensive, because large quantities of toxins and decomposing matter are being absorbed. Every physician knows the breath of aphthæ, or stomatitis, in children. The same is true for gingivitis, the result of mercurial or arsenical poisoning. In ulcers of the mouth and laryngopharynx, when due to syphilis, the breath is badly contaminated.

Do not forget that in uremia the breath has an odor that strongly resembles that of ammonia; owing to a failure on the part of the kidneys to eliminate urea. Various mineral substances, although themselves without odor, when taken into the system in sufficient quantities, cause a very disagreeable breath, due to deranged digestion or to ulceration of the gastric mucosa.

It is known that the odor of the breath may change temporarily from very trivial causes. Fits of anger or great excitement may and often do produce fetid breath.

The breath of some women always is offensive during their menstrual periods.

In feverish conditions of children, due to gastric derangement, the breath often has a sweetish odor reminding one of a combination of chloroform and ammonia. This peculiar breath often is noticed, only that it is more fetid, in children suffering from worms; still, it can not be relied upon, because many conditions in which there is irritation along the alimentary canal may give rise to similar, if not identically the same, bad breath.

There are certain individuals, seemingly in perfect health, who have a bad-smelling breath all the time, the cause of which is hard to find, but, if diligently sought for, will, as a rule, be found attributable to faulty elimination.

In cancer of the stomach and of the liver, the breath often becomes exceedingly obnoxious. The same is true in abscess of the lung, chronic bronchorrhea, and in allied conditions.

How to Combat Ill-Smelling Breath.

It obviously would be impossible to overcome a bad-smelling breath without treating the cause producing it, and, to consider this, would consume more space than would be granted here. We will, therefore, give the basis of treatment in the more important conditions to which physicians are called upon almost daily to attend.

The first and important thing to do is, to learn the cause, after which you can direct your treatment intelligently, your success depending upon whether the disease is curable.

At the very start, do not forget to examine the patient's teeth and gums thoroughly. You may find the cause of the bad breath to be either local or that poisonous toxins are being absorbed from under badly fitting crowns or abscesses at the roots of teeth; which not only may be producing ill-smelling breath, but, giving rise to a train of symptoms that have baffled all your skill to locate.

If the teeth are loose, gums soft and spongy, pus is welling up from the alveoli, you know that the patient has pyorrhea. Clean the affected alveoli gently, but, thoroughly, inject, or rub in with a stiff brush, a compound menthol solution three times daily, or better, still, see to it that local applications of chlorazene are made to the diseased parts. In addition, clean out the intestinal tract and keep it clean, by giving 20 grains of the three sulphocarbolates, midway between meals. Nuclein and the calcium salts are always indicated. In cases with very soft spongy gums, a lotion containing thymol and myrrh should be prescribed.

In conditions where the bad breath is the result of a gastric neurosis, clean the alimentary canal with calomel, podophyllin, and bilein, followed by a laxative saline. Prescribe a good digestive after meals.

In catarrhal conditions of the stomach and bowels, with fetid breath, we have found the nonalcoholic extract of golden-

seal to be a most efficacious remedy. If constipation be present (as it generally is), then, after a thorough cleanup, follow with your laxative and the sulphocarbolates, to maintain a clinically aseptic condition. The bad breath soon will disappear.

In all ulcerative conditions of the mouth and fauces, a mouthwash or gargle [spray? —Ed.] should be prescribed containing chlorazene in physiologic salt solution. Another good treatment is, to have the mouth rinsed with a dilution of specific medicine of thuja. Also, ulcers should be painted with this thuja extract of full strength.

To sweeten the breath in incurable diseases of the mouth, larynx, and throat, prescribe the following: Thymol, 7 grains; borax, 30 grains; oil of nutmeg, 10 minims (dissolved in 2 drams of alcohol); water, 16 ounces. Label: Rinse the mouth freely or gargle often. The writer has also found potassium permanganate in 10- to 20 percent solution a most excellent gargle in these incurable cases. In conditions in which the physician finds it impossible to remove the cause, the following can be tried, and some one of them will be found to give the desired result: either oil of cinnamon, cardamom, spearmint, peppermint, nutmeg or cloves, or the seeds of anise, cardamom, coriander, spice or cloves.

In such conditions as tuberculosis, bronchitis, organic liver and kidney troubles, as also in many others the physician not only must treat the organic trouble, but, he must pay close attention to the skin, if he wishes to improve the breath of his patient. Systematic bathing and friction of the skin with a fleshbrush will work wonders in improving the breath.

To benefit the fetid breath occurring in certain women at the monthly period, viburnum and aletris, in the form of the concentrate, should be given throughout the month, but, withdrawn three or four days before the expected period and a good uterine tonic (aletin, gr. 1-12; bryonin, gr. 1-500; caulophyllin, gr. 1-6; macrotin, gr. 1-6; helonin, gr. 1-6; hyoscyamine, amorphous, gr. 1-500) substituted. A morning dose of a laxative saline should also be given. Our experience has been that women of this class all suffer from pelvic congestion, dysmenorrhea; the menses being neither normal in color nor amount. See to it that all the organs of elimination are doing their full duty.

Enormous Prostatic Calculus Without Urinary Obstruction

By G. FRANK LYDSTON, M. D.

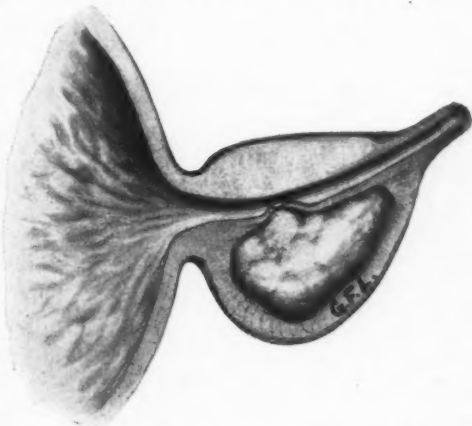
Formerly Professor of Genitourinary Surgery and Syphilology, Medical Department, State University of Illinois.

TRUE prostatic calculi are composed either of secondary phosphatic deposit, or of a primary nucleus of renal or bladder origin and of varying composition, which has lodged in a crypt in the prostatic urethra, subsequently to become incrustated with laminae of phosphatic deposit. Secondary calculi may form in the prostatic urethra in large numbers behind a deep urethral stricture. Not infrequently they are found in the sac of an old prostatic abscess. Foreign bodies occasionally enter the prostatic urethra from the distal side, subsequently becoming the nuclei of calculi. Corpora amylacea are not true prostatic calculi. When a calculus of considerable size forms in the prostatic urethra, obstruction to the urinary outflow usually occurs. In the case herewith reported, however, a calculus of enormous size formed in the prostate gland without producing obstruction. The case was remarkable from the rapidity with which the stone was formed.

Case: Patient, 45 years of age, stockman. History of several attacks of obstinate gonorrhea followed by stricture. There was no history that would lead one to suspect that there had been any pus formation in the prostate gland, and no history of renal lithiasis. At the time the author first was consulted, there was a slight gleety discharge—gonococcus-free—with considerable prostatic irritation, attended by frequent micturition. The case improved under dilations, massage, and instillations, and passed from observation. A year later, the patient returned for a brief course of treatment and then again disappeared. At this time, there was no discharge, the vesical symptoms had disappeared and there was no appreciable prostatic enlargement. Eighteen months later, the patient again applied for treatment for a recurrent slight vesical irritation.

Examination showed a urethra free from obstruction. No grating sound or feel

could be elicited on instrumental exploration. On digital examination of the prostate gland, via the rectum, the author was astounded to find a large hard tumor in the median line, corresponding to the location of the prostate gland. This tumor was circumscribed, inelastic, unyielding, and obviously either bony or calculous, abruptly jutting into the rectum. The superlying tissues apparently were so thin that it seemed possible to free the tumor by merely scratching through its coverings with the



finger nail. Prostatic stone was diagnosed and operation proposed, but the patient declined to submit to it and sought other advice. A few weeks later, he returned to his home in the West, "cured" by internal medication.

Several months later, an abscess—evidently due to infected pelvic glands—formed in the right ileoinguinal region and was evacuated by the patient's family physician, giving exit to "a pint of thick pus." A few weeks after that, pus formed in the perineum. This also was evacuated by the doctor, who, finding the large calculus in the abscess, extracted it with considerable resulting trauma. The stone weighed 60 Grams.

Shortly afterward, the patient again was

referred to me. The condition of the case at this time was very unpromising indeed. There was a large median fistula in the perineum, extending upward in front of the rectum to the level of the internal sphincter vesicæ. The anterior wall of the rectum was destroyed, from the sphincter ani, to the upper extremity of the perineal fistula, with which it was continuous. The floor of the urethra was destroyed, from a point just anterior to the bulb, to the internal sphincter vesicæ. The opening in the rectal wall was about $\frac{3}{8}$ of an inch in width. A sound in the bladder could be plainly seen through the rectal lesion. The feces and urine came through the perineal and rectal openings,

alike. The author was fortunate enough to succeed with a plastic operation in this case, securing primary union. At last accounts, the patient was well and experiencing no urinary symptoms whatever.

A noteworthy point in this case was the fact that, notwithstanding the destruction of the floor of the membranous and prostatic urethras, there was no incontinence of urine.

The author has repeatedly insisted that the sphincter vesicæ internus is the true sphincter of the bladder, and that incontinence does not develop so long as it is intact and possessed of its normal tonus. This view is contrary to the more widely accepted teaching.

The Eliminative Treatment of Puerperal Eclampsia*

By L. EDWARD PARMLEY, M. D., Winter Haven, Florida

WHILE the term eclampsia was introduced in the year 1760, the condition itself was known under a variety of other names ever since the days of Hippocrates, and it has been encountered by almost every practicing physician since that date down to our present day; indeed, it is almost impossible to find a clinician who has not seen and recognized the condition.

There is not a condition or disease in the long list of human ailments about the cause of which we have learned so much during the past century, and, yet, so little about the treatment; it is, indeed, alarming when we realize that the mortality is the same today as it was one hundred years ago. A condition so widespread, so common, studied and treated by so many physicians and of which the mortality remains unabated certainly challenges the attention of the medical profession; the more so, since we are progressing so rapidly in the treatment of other serious diseases. With these facts in mind, I venture to offer some of my own experience with this condition.

After receiving my medical degree and completing my career as an interne, I located on the St. Francis River, on the

Arkansas and Missouri state line, in what is known as the St. Francis bottom. Malaria is very prevalent in this district, mosquitoes go in swarms, pneumonia plays havoc every winter and spring in this section. The bottom is overflowed by the river almost every year and sometimes several times in a year. From this description, you can readily see that the conditions were very unsanitary. It was here and under these conditions that I realized the gravity of puerperal eclampsia.

As a hospital interne, I had failed to see many cases of puerperal eclampsia, and the cases that I had seen were not of the malignant variety, which was observed in the majority of those in this locality.

Eclampsia was frequently encountered in this locality and, as the patients usually gave histories of malaria and had enlarged spleens, it led me to believe that malaria was a predisposing cause of eclampsia. However, in this locality, the physician does not have the pleasure of watching and observing his patients as he should, as the custom is, to call a physician at confinement, only; he is seldom consulted previous to the eclamptic convulsion or the confinement.

Under the conditions described, I am frank to admit that the mortality among

*Read before the Tri-County Medical Society, in Lakeland, Florida, July 10, 1917. Reproduced from *The Journal of the Florida Medical Association* for December, 1917.

my patients was almost twice as high as that quoted by the textbooks. It was here that I, so to speak, "got busy"; I did not lose any time in looking through the literature on eclampsia for the purpose of reducing the mortality among my cases. In going over the literature, I found that not one authority was able to give the definite cause of eclampsia; however, all authorities arrived at the conclusion that the cause was faulty elimination. Still, not one of them advised vigorous elimination, claiming that elimination through the skin by the use of hot-packs and pilocarpine was too depressing, while diuretics were contraindicated, inasmuch as the kidneys needed rest rather than stimulation. Furthermore, they said, elimination through the bowels was subjecting the patient to the danger of septic fever, as the birth-canal may become infected from the fecal discharge and the infection be carried up into the uterus in case a forced delivery were to be done later, as so often happens in these cases and, too, that these patients are not in any condition to withstand purging.

After following the treatment outlined by the textbooks and failing to reduce my mortality, I decided to try a vigorous elimination through the bowels; for, theoretically, the condition being caused by faulty elimination, free elimination should be the proper treatment. Moreover, I felt that I could not thereby increase the mortality, but, might possibly reduce it. I failed to get any results from the use of croton-oil or elaterium.

Purging Reduced the Death Rate to Nothing

After adopting the eliminative treatment, my mortality dropped to zero for the mother, and has remained there to this day; the infant mortality has been reduced, also.

I will report the following cases, some occurring before labor and some after, to illustrate in the different cases:

Case 1. Mrs. J. H., aged twenty-four. It was her first pregnancy. I was called to her at 5 p. m. She had had one convulsion before I arrived and had one in my presence. I gave her one half-strength tablet of hyoscine, morphine, and cactin, to control the convulsions, and then administered 15 grains of calomel and 2 ounces of castor-oil. I then went home.

She had another convulsion five hours later, at which time I returned and found her having labor-pains and the cervix dilated. She was given another hypodermic dose of hyoscine, morphine and cactin, same as before, and delivered, under chloroform-anesthesia, of an approximately 8-months' dead fetus. She was put on magnesium sulphate, 1 ounce every morning, for six days. She made a speedy recovery.

Case 2. Mrs. L. C. It was her seventh pregnancy; seven months pregnant. She had never had eclampsia before. I was called to her at midnight. She had had one convulsion before I arrived and had one a few minutes after I came. I at once administered one of the hyoscine-morphine-cactin tablets, half-strength, hypodermically; also ordered 15 grains of calomel and 2 ounces of castor-oil, to be given at once. She was given 1 ounce of magnesium sulphate every morning for one week. She had one convulsion the second day after she was put on this treatment, at which time she received another hypodermic of the morphine and hyoscine tablet. She made a good recovery and two months later I delivered her, the labor then taking a normal course.

Case 3. Mrs. M. B. This was her fourth pregnancy. She had her first convulsion at 7 p. m. and her second one two hours later, at which time I arrived. She appeared to be at full term. Labor-pains had set in and the cervix was dilated. She was given, hypodermically, one hyoscine and morphine tablet; also 10 grains of calomel and 2 ounces of castor-oil. Then chloroform was administered, after which she was delivered of twins. Afterwards, she received magnesium sulphate, 1 ounce daily. She made a speedy recovery, and she and the babies are alive and well today.

Case 4. Mrs. W. C. It was her second pregnancy. She never had had convulsions, but, five days after delivery, she had a convulsion. When I was called, she was given 15 grains of calomel, 2 ounces of castor-oil, and a hypodermic of the morphine and hyoscine. She continued to have convulsions for thirty-six hours, except when she was narcotized with morphine and hyoscine. She received magnesium sulphate, 1 ounce every twelve hours, for three days, after which it was given daily for one week. She made an

uneventful recovery. Mother and child are alive today.

Case 5. Mrs. D. H. It was her second pregnancy. She never before had had eclampsia. She was delivered by a midwife at midnight, and had a convulsion twelve hours later, at which time I was called. When I arrived, she was having her second convulsion and had a third convulsion thirty minutes after the second one. She was semicomatose. I ordered one hyoscine-morphine tablet, to be given hypodermically. I mixed 15 grains of calomel and 2 ounces of castor-oil, and administered it at once. Four hours later, she was given 2 ounces more of castor-oil. Thereafter, magnesium sulphate was given daily for

one week. She made a speedy recovery.

From the report of the above cases, you can readily see that the treatment followed was, to control the convulsions with morphine and hyoscine, and chloroform, if necessary, and to administer calomel and castor-oil, after which magnesium sulphate was given freely. The reason for giving the oil first is, that most of these patients are semicomatose and they do not appear to be so readily strangled on oil as on the thinner aqueous liquids. By following up the calomel at once with the oil or saline purgative, we do not get as much griping as if we wait longer with giving the saline or oil; also, I think, we can, in this way, give larger doses without causing salivation.

After Thirty Years—I.

Notes and Reflections on Life and Work

By WILLIAM RITTENHOUSE, M. D., Chicago, Illinois

EDITORIAL COMMENT.—Professor Rittenhouse's long experience as a physician and teacher, and his open-minded, sympathetic nature have combined to give him an experience and a viewpoint making him an unusually fit counsellor and advisor of younger men. We anticipate much benefit from the series of articles commencing in this number.

THIS series of articles is the outgrowth of two habits that I formed many years ago. One is, the keeping of a commonplace notebook, and the other is the habit of encouraging my pupils and students to ask questions. I have been a teacher for fifty years—completing the half-century last month. The last twenty-five years, I have taught medicine, and my students have taken full advantage of the privilege of asking questions. They have not limited themselves to obstetrics, which has been the subject of my lectures, but, have brought to me their perplexities in every part of the field of medicine, and even in matters only indirectly related to our profession. They have constantly urged me to put into print my methods in general medicine, as well as those in obstetrics. The burden of their requests has been, that the ordinary textbooks are so ultra-scientific that they often fail to be practical, that, when the young doctor is in perplexity, he has to wade through too much theory before he can find out what to do. "Tell us just what you do and how you do it", they have often said to me.

I can understand their attitude of mind, because in the early days of my practice I felt the same want; while, when my textbooks failed me in an emergency, I was fortunate in having a friend and mentor to whom I could go and who always was ready with something practical in the way of advice. I am referring to the late Dr. Albert E. Hoadley. He was the most practical man I have ever been privileged to know, and he did more to make the practice of medicine a pleasure to me than any other man living or dead. No matter how perplexing the problem, he always had some practical, common-sense suggestion to make that helped to remove the difficulty. Professor Hoadley was one of those positive natures who instinctively adopt a "best way" of doing things, and he took pleasure in giving others the benefit of his methods.

The Note-Book Habit

My commonplace book is simply a blank-book in which I jot down any idea that I do not wish to lose, whether it be an original thought or a valuable suggestion from someone else. I began this habit

when I was eighteen, and, while such a book necessarily accumulates a good deal of rubbish, it also saves many an idea that otherwise would have been lost. For example, I happen to read of a new treatment for diabetes. I have no case of diabetes on hand at present; however, I enter the idea briefly in my note-book and when my next case of diabetes comes along I know just where to find the new treatment, if I want to try it. However, the chief value of such a note-book to a young man is, that, in noting down his reflections, he forms the habit of clear and definite expression. Vagueness is liable to become the bane of our thinking. To record a thought, compels us to make it more or less definite. Even an idea borrowed from someone else is rendered more clear and definite by one's trying to express it on paper. I feel that my commonplace book has paid well for the slight trouble it has entailed.

Object of These Articles

This series of articles will be simply an attempt, in my imperfect way, to pass on to others some of the things that have helped me, regardless of their sources, whether borrowed or original. In fact, there is very little in this world that is strictly original, so profoundly are we influenced by the words and actions of others. It happens frequently that an idea which we regard as our own on close inspection proves to be merely the sprouting of a seed dropped into the wind from some source already forgotten. To change the metaphor, we have simply milled it over and stamped it with our own personality.

It seems to me that there never has been a period in the history of medicine when there has been so much need of the personal factor in practice as at the present time. The tremendous strides made by science, in opening up new fields of knowledge bearing upon our profession, have tended to obscure more or less the practical application of that knowledge. We have had so many new tools placed in our hands that we are a bit awkward as yet in their use; and we sometimes are in danger of forgetting how excellent and reliable are some of the old ones that have been handed down to us by our ancestors. We can do better work with the magnificent equipment at our hands today if we realize what excellent work was done

by our predecessors of a generation ago with the very limited means at their command.

I can recall the day when we had not heard of quinine, bromide of potassium, chloral hydrate, antiseptics, fluid extracts, alkaloids, coal-tar antipyretics, and a host of other things that today seem as familiar and indispensable as the alphabet. I do not mean that all of these drugs were then unknown, but, that they have been brought into use as therapeutic agents within my memory.

When we recall what the men of an earlier day accomplished with their limited armamentarium, we are prone to lose patience with the therapeutic nihilists of today who, with all the wealth of resources at their command, persist in their attitude of superior wisdom, belittling the results that can be accomplished with the aid of drugs.

Folly of the Medical Nihilists

A few years ago, a well-known surgeon made an assertion, which was widely copied, to the effect that we possess practically no treatment for pneumonia. About the same time, a man who has some reputation as an obstetrician made the equally astonishing assertion that we know practically nothing about puerperal eclampsia; and there are obstetricians today who ridicule the idea that *veratrum viride* can be of any benefit in this condition. Such statements prove nothing, except that bigotry and narrowmindedness are not limited to the ignorant and that some so-called scientific men allow themselves to fall into that most unscientific error of placing theories above facts.

That surgeon above referred to simply did not know that hundreds of physicians were, as they now are, treating pneumonia successfully all over this country. He was so engrossed in his specialty that he did not stop to think that progress might have been made in other lines with which he was not conversant.

The man who claims to have proven that *veratrum viride* has no value in eclampsia has been at fault in his method. He has not learned how to use it. After I had tried it in two cases, I, too, thought it a failure. When, however, I read a report by Dr. A. Laphorn Smith of 38 cases treated with *veratrum* in the Montreal General Hospital, I saw that I had not really tried

the veratrum-treatment at all. I had merely been playing with it. After I adopted the proper method, I had no more failures.

Such facts show the need of more aggressiveness on the part of therapists. The men who are entering the profession at the present day are weak in therapeutics, and, what is more serious, they have a vague idea that it is growing obsolete; they have been told that it is not a science, and all that sort of thing. Of course, therapeutics is not an exact science. But, what of that? How many of the sciences are exact? Is surgery? Ask the woman who has had half a dozen operations and still is an invalid. Her answer might be illuminating. Let no one think that I am trying to belittle surgery. Its advance in thirty years is one of the marvels of its age. But, let us be broad enough to avoid that fault of small minds, the inability to see more than one great thing at a time.

The articles I have published in *CLINICAL MEDICINE* in the past have brought me so many letters from the readers that I am convinced that the doctor in practice feels the same interest in personal views and methods as does the medical student. "Tell me in detail just what you would do in these or those circumstances" is the burden of letters from all parts of this country and even from foreign countries. Of the hundreds of students who have taken my lectures in the past twenty-five years, one would suppose that most of them are readers of *CLINICAL MEDICINE*, judging from these letters, and that they still have the same propensity for asking questions as they had at college. It is my hope that the present series may lead to similar inquiries, for, the benefit by no means is onesided. I have learned much from these letters, maybe more than I have given.

It results from all this that these articles will be, to some extent, autobiographical. If this requires apology I herewith make it freely; but, I refuse to reform, because I am so constituted that, with me, life and work are too intimately blended to separate them.

Entering the Profession

Many of us who have watched the progress and development of medical education in the past dozen years have felt serious doubts as to the wisdom of the course pursued by those who are shaping its tenden-

cies. A score of years ago, medical education was lacking in thoroughness and was not properly regulated, with the result that diploma-mills flourished and even some of our largest colleges were notorious for the scandalous manner in which students were allowed to slip through into the ranks of the profession with little more than registration and the payment of fees. Today, this thing is regulated "to death". The length of the course has been increased beyond all reason, and further increases are in contemplation. The curriculum has been loaded up with more and more subjects, until the student is overwhelmed. It is utterly impossible for him to take in and digest the work marked out for him.

It should be possible for a man in any walk of life to begin his productive career by the time he is twenty-five. But, the young doctor cannot do it under present conditions, and, if the contemplated additions to a medical course are made, he can not expect to settle down before he is thirty years of age. The result will be that only the sons of the rich will be able to stand the financial strain. It is almost so now. The best and brightest of our young men will turn their backs on a profession that requires so much and gives so little.

I do not think there can be any doubt that in the past the best material for medical students has been drawn from those who have had to earn their way through college. But, today, many of those have had to give up in despair, while many others have finally forced their way through with a load of debt that will handicap them for years, even if it does not defeat them.

In the past few years, I have had opportunities of knowing something of the attitude of mind of many graduates in medicine, and I know that it is not wholesome. The discouraging burden of debt and the feeling that many of the best years of their lives have been sacrificed are largely responsible for some of the deplorable tendencies that are seen in the practice of medicine today. Weary of the long financial struggle, many a one yields to the temptation of "easy money," through the practice of abortion. With office-rent unpaid and perhaps a family in need of food and clothing, is it any wonder if here and there a young doctor looks longingly at the fifty or a hundred dollars dangled be-

fore his eyes and which may so easily be transferred to his own pocket? Many another loses sight of the high ideals of the profession and looks upon every patient with the one thought: "How much money can I get out of him?" Operations are performed, not because the patient's condition calls for them, but, because the doctor himself needs the money. All of which is steadily degrading our profession in the eyes of the laity. That such degradation is taking place, can not be questioned. The profession of medicine does not hold the place of honor in the minds of the public that it did forty years ago.

What Is the Remedy?

Criticism, of course, should be constructive rather than destructive. There is little use in finding fault with a condition, unless we are prepared to suggest a remedy. It does not seem difficult to diagnose the needs of the situation. They are sufficiently obvious to anyone who teaches medical students.

First, then, there ought to come about a radical reform in the manner of admitting students to the study of medicine. It is a common thing to find students in their third- and fourth-year courses who can not write correct English. Their examination-papers contain sentences without verbs, sentences that violate the fundamental rules of grammar. The writers have no intelligent idea of the use of capitals or of punctuation. Their answers show that they have no conception of the commonest laws of physics and that their knowledge of Latin is farcical. Many of them are of foreign birth and have not taken the trouble to learn properly the language of their adopted country.

Twenty-five years' reading of examination-papers of medical students has forced upon me the ever strengthening conviction that no one should be allowed to begin the study of medicine until he possesses a good working-knowledge of physics, English, and Latin. To condition him in these subjects, reduces the whole thing to a farce. He cannot and will not make up his deficiency in those three studies: he has not the time while he is trying to carry along his medical course. Besides, it is precisely in studying medicine, and not when he has completed his courses, that he needs—sorely needs—a knowledge of these three subjects. He cannot, possibly, study medicine properly without a knowledge of Eng-

lish and Latin and physics. His study of physiology, for instance, will be largely wasted labor if he has not a previous understanding of the laws of physics.

The entrance-examination in the three subjects named, then, should be so rigid and so hedged about with safeguards that not a single student could enter a medical course until he was properly grounded in these fundamentals and, be it said, that the possession of a diploma from either a high school or a college is no evidence that a person is well grounded in these three subjects.

Experience has shown that a diploma from a medical college is not sufficient evidence of fitness to practice medicine, hence, the state has supplemented the diploma with a searching examination hedged about with precautions against fraud.

If the admission to medical colleges were similarly protected, the medical course could be shortened and still leave ample time to fit the student better for graduation than is now the case. The professors in our medical colleges are heavily handicapped in trying to do their best work, when they know that very many of the class are so deficient in fundamental knowledge that the teaching is thrown away upon them.

I must admit that not all of the blame lies at the door of the medical school. Our public-school system has been tampered with by visionaries, who thought themselves educational experts, until efficiency of results has fallen to a very low ebb. The teaching of grammar has been emasculated, until the effect is plainly to be seen in the English used in our newspapers and even in our high-class magazines. There is something wrong in our methods of teaching languages, when high-school graduates are unable to read an ordinary Latin inscription on a monument. I have often found that men who had taken a full course in physics could not explain clearly why a bottle of beer will cool rapidly if placed under a piece of ice, but, very slowly if placed on the ice; or, to use a more practical illustration, why a room will ventilate itself automatically in cold weather, and not in warm weather.

The trouble can be summed up in three words: *lack of thoroughness*. This has been our bane in every field of human endeavor. This is one of the truths that the war is bringing home to us. It has been *our national failing*. We have attempted

so much that we have done nothing well. In our public schools as well as in our medical colleges, we need to cut down our curriculum and *learn to do a few things well*.

I believe, then, that the State should control the admission to medical colleges as rigidly as it now controls the license to practice. It may be argued that, if the colleges choose to admit students who are not qualified, it is their own affair. But, it is not so altogether. Students who are efficient also have rights. It is not fair that

they should be kept back by those who entered without being fit. It is now believed by many that medical education should be controlled by the nation rather than by the states. This would answer a uniform standard, besides having other desirable effects. Still, it is also true that there are strong arguments against it. On the whole, it seems to me a doubtful expedient.

2920 Warren Ave.

[To be continued.]

Is Treatment Something to Be Considered Scientifically?

By GEORGE L. SERVOSS, M. D., Reno, Nevada

Editor, "Western Medical Times."

EVERY day, every hour, and every minute, we are filled to the guards with diagnosis—and that is all right. But, we are also told, quite often, that diagnosis really is the only scientific thing connected with the practice of medicine; or of surgery, for that matter. We read paragraph after paragraph, column after column, and page after page about diagnosis, while treatment not infrequently has our attention for not more than a line or two, sometimes not even that much space being devoted to that portion of the subject.

It is true, absolutely so, that we should know what condition we are asked to handle; but, if the necropsy-reports of the Massachusetts General Hospital and other institutions are correct, then how many instances must there have been when the correct name was not given to a condition? For all that, many doctors who have, presumably, hit wide of the mark in making of diagnosis and naming diseases have been successful in the treatment of their patients; while, on the other hand, many have been unsuccessful in their treatment, even when their diagnoses, by necropsy or by laboratory-test, have been shown to be right. Furthermore, after diseases have been named (diagnosed), how many have gone about things in a scientific manner so as to bring back the normal?

Someone has said, "It is all in a name." Perhaps that is true in some connections; but, we don't think it is when that connec-

tion is a diseased condition. There is altogether too much treating of diseases, as such, and not enough of the underlying pathologic conditions. There are too many drugs employed that well could be omitted, many times one single therapeutic agent sufficing, if employed scientifically; that is to say, with sufficient knowledge as to its specific effect in the presence of certain abnormalities.

Of course, our patients want to know what ails them; however, their greatest interest is in when they are going to be restored to normal, when they are going to or whether they can be cured. We are employed to relieve the condition of the patient and to bring him back to the normal within the shortest possible time. Having made our diagnosis or reached a conclusion as to what physiologic function is out of order, it is our business to institute such treatment as will bring quick relief to our patient.

It has been said that there is no specific for any disease (named disease, if you please), and in that we agree. For, what is the average disease but the manifestation of many pathologic conditions, which, combined, go to make a condition to which we give some particular name. - But, basing our ideas on observations reaching over quite a number of years, we believe that there are certain drugs that have a specific effect in certain individual abnormalities, and that the use of these as specifics for

the relief of such conditions is scientific—much more so than is the use of numerous other agents asserted to be good for those same diseases.

As for Fanatics of Diagnosis

We have kept our eyes on many of those men who interminably preach diagnosis, while having little to say about treatment, having looked into their therapeutic methods, have been shocked to find that they have been guilty of prescribing "shot-gun" mixtures, and those not infrequently incompatible, at times both chemically and physiologically so. We have seen potassium iodide and codeine sulphate ordered together, with the result that the alkaloid was precipitated as the insoluble iodide and, so, had to be removed by filtration, lest the patient get an overdose near the end. We have seen mixtures of anywhere from two to all the official bromides ordered in a single prescription, when one would have done the work. We have seen some prescriptions written without any seeming knowledge of chemical affinities or reactions, with the result that the patient did not get what the doctor intended. For instance, we have seen the bromide of strontium combined with sodium salicylate. Here the bromine and the salicylic radicle exchanged places, with the result that the less soluble salicylate of strontium was precipitated, because there was not enough water to dissolve this newly formed strontium salt. In consequence, the dose of the sodium salicylate was doubled, the patient received a "shake" mixture, while, naturally, the individual dose of the strontium salicylate was uncertain. At any rate, it is not good therapeutics to give the salicylates and bromides together in one prescription; besides, they are rarely, if ever, indicated in association, while one bromide will do just as good work as a dozen different ones. Likewise, it is possible that one salicylate will give the same therapeutic effect as any of the others. But, it is not scientific to combine them in one mixture or, as a rule, to administer them at the same time.

Aconitine, Veratrine, Gelseminine

Having made the diagnosis of some acute condition, what, now, is the usual step followed by practically every physician? It is, to clear out the alimentary canal, no matter what name has been given

the disease. And, as a rule, that is good treatment. In many instances, it obviates the use of any other thing, for, the trouble may lie solely in a dirty bowel; which means, the throwing of toxins into the system and thus unbalancing the functions or bringing about organic abnormalities. If there is fever, of a sthenic sort, the specific indication, in our mind, is aconitine; for, we know of no other agent that will more quickly and reliably restore circulatory balance.

You will be told by some that aconitine is too potent to be used. It is potent. So are a lot of other drugs; but, when handled scientifically or in the "know how" way, it is no more dangerous than are, probably, many other agents with which no fault is found on that score. Regardless of disease-name, aconitine will be found useful when there is circulatory unbalance. If the condition is sthenic, it is scientific to employ veratrine, and more particularly if there are indications of intoxication; for, in addition to restoring circulatory balance, it will serve to increase elimination. And this veratrine is another agent that is employed in numerous named (diagnosed) conditions, and without regard to that name, but, to relieve one specific abnormal condition.

The Eclectics taught us that gelsemium is a valuable remedy when there is flushed face, bright eyes, and increased temperature. Or, rather, they gave us back a drug that had been discarded because the whole-plant preparations varied so much in action. But, today, we have the alkaloid gelseminine, and it is a specific in certain types of fever, types that may occur in any one of several named diseases. It is scientific treatment to employ this drug when specifically indicated.

Use of Intestinal Antiseptics Rational

After the alimentary canal has been cleaned out as effectually as possible, many of us take steps to maintain it as clean as possible; for, we recognize that, if clogged with organic matter and its numerous resident pathogenic germs, it not infrequently defeats the purposes aimed at in our treatment dealing directly with the diagnosed conditions. Toxins are continuously being manufactured in a filled dirty colon and, if the source of these poisons is not removed or at least inhibited, we shall have this added thing to deal with. So, we give our

intestinal antiseptics—even though some have warned us against this being unscientific—and we get some astonishingly good results from them. In some cases, together with the initial cleaning out of the alimentary canal, they seem to make the use of other drugs almost, if not quite, unnecessary. So, as we know that such results have been obtained, we contend that our practice is scientific, no matter what the named (diagnosed) condition may be. And, what is science but knowledge?

Wound Antisepsis

Of late years we were told that the antiseptic treatment of wounds was not scientific. However, we were of the "old school" and did not believe that asepsis, in the presence of a probable infection, was worth much, if anything; so, we continued employing antiseptics in suspicious cases. We noticed that these infections seemed to clear up under our treatment, but, as it was not orthodox, in the time being, we kept quiet. Presently, there came the war, and then it was clearly shown that asepsis is useless—in fact, worse than useless in the management of battlefield wounds and that some antiseptic applications (such as Carrel-Dakin preparations) are required for satisfactory results. And here again was a so-called scientific idea almost, if not completely, knocked out. Now we, who clung to our old antisepsis ideas, have become "scientific" once more. We simply had studied our indications and did not believe that any infection could be overcome without the use of some effective germicide, and that such ideas were scientific has been proved so many times that count thereof has been lost track of.

Scientific Treatment

We could continue thus indefinitely, and, we believe, could show conclusively that treatment is a thing to be considered as scientifically as is any other branch of medicine and surgery. In our mind, it is the one thing of paramount importance to patient and doctor alike. Successful treatment is the thing the patient pays for and the thing he expects the doctor to give him. If it were only a name he were looking for he could, not infrequently, call in men who are not doctors of medicine, but, who, through laboratory practice, could tell him, to a certain extent, wherein lay the

trouble. But, that would not correct matters, and, so, the scientific therapist is really the important factor, after all.

In the end, it is the therapist, the one who directs the treatment, medical or surgical, who has the handling of the case; and, no matter what the diagnosis may be, it is the therapist who is called upon to show the ultimate results. And this therapist must know, regardless of what name (diagnosis) may have been given to any condition, how to meet the individual pathologic conditions as they may arise during the course of a disease. He must recognize the fact that no two cases of any named (diagnosed) disease, as a rule, behave in absolutely the same manner throughout their course; and, consequently, he must be able, scientifically, to apply the proper treatment in order to relieve every abnormal indication occurring in any of its stages; must know, for instance, when to change from one febrifuge to another or when to alter any other therapeutic agent he may be employing.

If treatment were considered as scientifically as is diagnosis, it is our belief that many successes would happen where failures have occurred in the past. We have been giving enough attention to the specific application of our remedial agents. We have been prone to treat diseases as diseases and to ignore the patient, in our zeal to diagnose (name) correctly a condition and then so treat it as such. We have not been very scientific in our treatment, and it is little wonder that we have had so many therapeutic nihilists in our ranks. It has not been fashionable to practice curative medicine, and, for the simple reason that the question of treatment has not been considered a thing demanding the knowledge required in the making of correct diagnoses. So, if one were to make a great reputation for profound knowledge, the field of diagnostics offered him the best opening. There he could show his patients some awe-inspiring apparatus for making a correct diagnoses, while in the field of therapeutics there was nothing of the kind. Hence, a considerable number of us became diagnosticians and placed treatment far to the rear, as not leading to greatness.

But, the pendulum is slowly, but, very surely swinging back, and patients are beginning to demand the services of a physi-

cian or surgeon who will do something other than just give a name to a condition and then leave him to the ministrations of dear old Mother Nature, or else institute some nondescript sort of treatment, just to be doing something, and so endeavoring to satisfy the patient and hold him as such. The patient is going to demand more scientific treatment—treatment based upon the existing conditions, and not upon the name of a condition as a whole. He is going to employ the therapist who meets known indications with their known specifics.

Now, do not think that we would, for a single instant, belittle diagnosis, for, we do not; but, we believe that this is something that should be carried a step farther than simply naming a collection of pathologic conditions a concrete disease. A

diagnosis, in our mind, to be a thing correct and worth while, should tell us something or everything about every variance from the normal existing within the whole. Then and then only, would it be something worth while. It would lead to the institution of real, and scientific treatment; treatment that is truly scientific.

In reply to the question of our title, we believe we can say "Yes" at all times; furthermore, we believe that you will agree with us. We do not believe that the physician who employs hit-or-miss therapy is, ever was or ever will be a success, irrespective of how good a diagnostician he may be. He must consider treatment, and, likewise, apply it, from a scientific standpoint, else he will, as a physician who treats the sick, be forever mediocre.

A Study of Anemia

By V. E. LAWRENCE, M. D., Ottawa, Kansas

ANEMIA means, literally, an absence of blood; technically, it is "a deficiency, an insufficient formation or excessive consumption of the blood or its most important constituents, as red corpuscles and hemoglobin." Any change in the respiratory function of the blood is called anemia. This may be caused by a diminution of the red corpuscles or of the hemoglobin, or in a lowering of the color-index. These changes affect the function of the blood; that is, its power of distributing oxygen.

These conditions here named are present in proportion to the severity of the disorder. In chlorosis, the lowering of the color-index predominates, while there may be the normal number of red corpuscles. In pernicious anemia, there is always a diminution of these corpuscles, while the color-index may remain normal or even be raised. Artificial anemia, produced by intentional hemorrhage, is the condition usually brought about for the purpose of investigation, because this can be done quickly and easily and in this condition the rapidity with which these important constituents are renewed also can be approximated. These investigations are commonly made on healthy animals.

In man, the study, is carried on under pathological conditions. The normal blood

should contain about 5 million red globules to the cubic millimeter. By far the greatest component of the red cell is hemoglobin; it comprises about 14 percent. of the whole blood. The red corpuscles constitute about 45 percent of the whole blood, and the amount of hemoglobin in each globule is about 27 percent of its entire mass or 86 percent of its solid ingredients. The chief characteristic of hemoglobin is its ability to absorb oxygen and its readiness to exchange it for CO_2 .

As anemia consists in a lessened number of red globules or a lessened quantity of hemoglobin, or both, the symptoms of the disease are those brought about by insufficient oxidation. In fact, the chief function both of the red corpuscles and of hemoglobin is that of carriers of oxygen. Jolly reports a case in which, from hemorrhage of the stomach, the number of red corpuscles was diminished, from the normal of 5 million, down to 650,000 to the cubic centimeter and in which recovery followed. This was a loss of almost eighty percent. In healthy animals, repair is very rapid and, where hemorrhage is mild, repair may equal loss. Hemoglobin increases rapidly. During this period, many nucleated red corpuscles can be seen.

While anemia often is a secondary condi-

tion of such diseases as rheumatism, malaria, tuberculosis, lead-poison, cancer, syphilis, and intestinal parasites, the one here considered is merely the idiopathic, or essential, form. The leukocytes may vary or not. Changes in them may be related to anemia, although their behavior affords a means of diagnosing the different forms of the disease. Anemia may be divided into those with a positive and those with a negative blood-picture. Of the former, or positive, may be enumerated pernicious anemia, splenomedullary leukemia, lymphatic leukemia, mixed varieties of leukemia, and parasitic anemia.

Blood Changes in Anemia

The following changes are found in every anemia: (A) A great diminution in the number of red globules, even down to 600,000 per Cc. (B) Great variation in the shape of the blood-corpuscles, which may become oval or hourglass-shaped. (C) Alterations in the sizes, normal cells being of equal size, while those of anemia may be much smaller. (D) The presence of nucleated red blood-corpuscles; while normally none are present.

None of the foregoing features is pathognomonic of any particular variety of severe anemia.

The normal number of white cells per Cc. varies from 5,000 to 10,000. Films show four varieties quite easily distinguished, and these may be classified as small lymphocytes, large lymphocytes, polymorphonuclear cells, and coarsely granular eosinophile corpuscles.

In certain diseases, the following abnormal white cells are found: The myelocytes are large white cells. The basophile corpuscles; these latter being smaller than the former and compare in size with the lymphocytes. The protoplasm, however, contains many granules which stain blue with Jenner's stain. In pernicious anemia and in lead-poisoning, the red corpuscles, instead of becoming pink by Jenner's stain, present small blue specks in their protoplasm.

Pernicious Anemia

Pernicious anemia is an insidious disease, the prominent symptoms being, progressive loss of muscular power, progressive pallor, loss of weight, but, not necessarily loss of volume. The diagnosis seldom is made in the early history of the disorder,

but, is generally arrived at after a steady or uneven progress and after the usual treatment for anemia has failed to give the usual medicinal results. By this time, there may be a marked diminution of hemoglobin, even down to 30 percent of the normal, with a still greater loss of the red cells, which may fall to 25 or even 20 percent of the normal. The color-index is high; and this is the pathognomonic symptom of the pernicious anemia. Blood films show all these changes in all the several forms of anemia and there usually is an increase in the large white cells. When these conditions are found, it is safe to arrive at the conclusion that there is pernicious anemia. The diagnosis, however, can not be made without there being a low blood count, although there may not be a high color-index. It should be remembered that the patient may have periods of improvement, even in pernicious anemia and when the blood count may even reach normal. This is one of the reasons why this disorder is seldom diagnosed early.

Various Forms of Leukemia

In splenomedullary leukemia, the earlier stages of the disease present no symptoms, although later there is a falling off both of the hemoglobin and of the red cells; and this may reach to a marked degree. A large increase in the number of leukocytes is the essential diagnostic feature, which may range from 200,000 to 1,000,000. Only in lymphatic leukemia, can such an increase be found. The two can be distinguished by the differential leukocyte count, the characteristic point in which, in splenomedullary leukemia, is, the large number of myelocytes (i. e. cells with nuclei), which may reach from 30 to 50 percent of the white cells. When anemia does occur, it is indicated by a fall in the hemoglobin to a greater extent than by the loss of red cells.

The disease generally lasts from one to three years. A marked clinical feature is, the enlargement of the spleen, which may cross the median line and even reach the right iliac fossa and continue down into the pelvic cavity. The splenic enlargement is not accompanied by enlargement of the lymphatic glands.

That form of anemia known as lymphatic leukemia is rather likely to affect children, while the splenomedullary predom-

inates in adults. The disease is invariably fatal within a few months. Anemia here is more pronounced than in the splenomedullary form. Either the anemia or the enlargement of the glands of the neck, axilla, or groin may first appear. Epistaxis or other forms of hemorrhage or of purpura often are symptoms. A frequent symptom is excessive mental irritability and loss of appetite. There are cases where there is no glandular enlargement, and the case can be diagnosed only by the blood count; but, usually, there is general glandular enlargement, which may include splenic enlargement. Serous inflammations and fever are common symptoms, just as splenomedullary leukemia, in Hodgkins' disease, and in pernicious anemia. There is a great increase in the leukocytes, their number reaching 20 or 30 thousand, and more often 80 or 100 thousand or even 1,500,000 per cubic millimeter. Whatever the number of leukocytes, however, the most striking feature in these cases is, the enormous relative increase in the number of small lymphocytes in the differential leukocyte count. There may be from 90 to 95 percent. The red cells and the hemoglobin are relatively diminished and there is present the usual phenomenon found in all forms of serious anemia. The color-index, as a rule, is 1, but, toward the last may become greater than 1.

Most cases of leukemia belong either to the splenomedullary or to the lymphatic form. Some, however, show symptoms of both. That is, there are both enlargement of the spleen and glandular enlargement. There is the absence of early anemia and the increased leukocyte count. We will merely mention the parasitic form.

Diagnosis and Treatment

Almost everything that has already been said has reference to diagnosis. This is the most important and the most difficult point to be considered. When once it is determined that the disease is of the simple form, all concern regarding the issue is immediately removed. Doubtless many cases of

simple anemia are passed over undiagnosed. When it is established that a case belongs to one or more of the other varieties, the outcome of the case also is conclusive, because the former most surely and most promptly responds to treatment, while the latter moves on to an almost certain, fatal conclusion.

In the simple type of anemia, treatment is as simple as it is effectual. In the latter, while it still is simple, it is as futile in it as it is efficacious in the former. But a few words need to be said as to therapy. Iron and arsenic are the essentials. Little, if any, more is needed. The patient quickly and most pleasantly responds. The rapid circulation recedes to normal. The cold extremities become warm, the muscular weakness diminishes, the color of the skin improves and the mental despondency is changed to cheerfulness. Life assumes a new aspect and the patient returns to the former normal activities of life. In the other forms of anemia, under the same treatment, there is an absence of all these responses to treatment and the disorder gradually progresses and continues to a certain and not far-distant fatality. The iron should be given in large doses, before meals and at bedtime. Blaud's mass, in 5-grain friable pill, I have found the best form in which to give iron.

While the patient is suffering from the prominent symptoms in whatever form, he should confine himself to bed for the greater part of the time. Glycerin (pure, with no fatty acids), in tablespoonful doses three times daily is, on good authority, said to act finely even in cases of pernicious anemia. In pernicious anemia, there is a deficiency of hydrochloric acid in the stomach. Experience has shown that full doses of this acid, together with abundance of red beef, are beneficial. It is not uncommon for one form of iron to give results when another will not. Organic iron succeeds in some cases and fails in others. Iodide of iron, iron arsenite, iron phosphate, et cetera all have their uses.



Dichloramine-T in the Treatment of Chancroid

By EUGENE HOLT EASTMAN, M. D., Chicago, Illinois

IT has recently been my pleasure to have used Dichloramine-T in the treatment of chronic chancroid. The employment of the remedy in this field being quite new, it is with considerable interest and no little enthusiasm that I report results.

My patient was a male, age 27, of pure American extraction, blond, muscular, and of the type of westerner which portrays resistance in every fiber.

June 5, 1917, five days after intercourse with a Mexican prostitute, a sore appeared on the left side of the glans near the frenum. The patient immediately used the old treatment of calomel powder and caustic, but, without any good results. He then consulted a physician who burned the sore three times, causing it to spread. This doctor gave him a powder to apply and said that he thought the sore would dry up very quickly.

Two weeks later the patient was in another city and applied to another physician for relief. This doctor burned the sore and it continued to spread. Again patient was transferred to another city where a third physician was employed. This man was a physician of very good standing in one of our large western cities and pronounced the sore syphilis, administered salvarsan, which was followed up by the use of iodide of potash. The patient also was told to dust the sore with calomel powder. Once again our patient was transferred and a fourth physician was employed, who said the sore was a hard chancre, and burned it. Patient then moved to Chicago and came to my office for treatment. This was November 24, 1917.

From the appearance of the lesion when I first saw it, anybody would have been justified in making a diagnosis of syphilitic chancre. It was ovoid in form, about one centimeter in the large diameter and lay on the left aspect of the glans extending from the frenum upward to a width of about 0.75 centimeter, the outer border being close to the lips of the meatus. The glans was destroyed down to the submucous coat and the base was much indurated. It bore a

clearly punched out appearance and was discharging a dark pus unattended with any disagreeable odor. But, the peculiar part of the case seems to be the fact that the third physician to whom this patient applied, made a Wassermann with a negative result. I disregarded this in my diagnosis on the ground that there must have been something wrong with the Wassermann, yet it came from a laboratory of very high standing. My diagnosis thus far was syphilis. I made a smear from pus and scrapings and was informed by my laboratory of the presence of the bacillus of Ducrey and the absence of spirochetes. Local treatment was commenced also with mercury, but, after using mercury over a sufficiently extended period without results it was abandoned and strictly local treatment was adhered to.

My local treatment consisted of everything that I could think of that might be of service in such a case. It included iodine, phenol, nitrate of silver, permanganate of potash, trichloroacetic acid, and silvol. In employing silvol I applied the pure crystals until the heat of the body dissolved them into a molasses like consistency and then applied a bandage. All of this was without any appreciable result. In fact the lesion seemed to be spreading. At this time when both the patient and myself were discouraged, my attention was called to dichloramine-T. This was after weeks of fruitless treatment. The first application of dichloramine-T was used in the 5-percent solution. It was painless and at the end of one week the sore showed some tendency to improve. The strength of the solution was then increased to seven and one-half percent.

The method of application was simple. I packed the ulcer with cotton, having first cleansed and dried it, then saturated the cotton with dichloramine-T solution dropped on with a medicine dropper. Cold cream was applied around the neighboring field and the organ bandaged. In using cold cream it will be noticed that I deviated somewhat from the technical instructions,

not having any benzoin handy, but, it seemed to prevent any infringement of the antiseptic upon normal tissue and served such a good purpose and was so easily applied that I continued it throughout the case. On one or two occasions when the patient dressed his sore while away from the office, he was too liberal with Dichloramine-T, some of it getting on the scrotum, the result being that a mild dermatitis ensued which, however, disappeared upon the application of cold cream.

The sore was dressed in this fashion every twelve hours, the patient meantime continuing his hard work of repairing locomotives. At the end of four weeks the sore was about half healed and I increased the strength of dichloramine-T to 10 percent. Four weeks later the lesion was perfectly healed. At no time was there any discomfort from the use of dichloramine-T and when we consider the intense suffering patient underwent from the use of

some of the older excoriating chemicals, we can fully appreciate the comfort of a painless antiseptic.

Dichloramine-T, being in a solution of oil, seems to fulfil the very want for which we have searched in our quest for a perfect antiseptic. Caustics of course are antiseptic but are objectionable in that they burn in their path an impenetrable wall under which infection may be sealed up only to spread by metastasis; and, with dichloramine-T there seems to be no possibility of any such danger.

This case persisted nine months. It was under treatment in my office four months. Two months of old routine treatment only made it worse. The same time spent with dichloramine-T effected a cure. How long it might have persisted under the old treatment is interesting to conjecture. I shall continue the use of dichloramine-T in these cases as routine treatment.

An Old Doctor's Life Story

An Autobiography

By ROBERT GRAY, M. D., Pichualco, Mexico

[Continued from March issue, page 213.]

The Mysterious Immortal Entity

MULTIPLE personality and the subjective mind are both established and well-recognized scientific certainties; proving beyond the latitude of peradventure that there exists immortal mystery in that somber unexplored realm where new life and consciousness spontaneously leap into the void of violently extinguished natural faculties. But, these are puzzling speculations, over which one may ponder and ponder in vain. There is no possibility to discover e'en one glint of guiding light.

The shams and subterfuges of spiritualism are rank and stupid frauds, developed and demonstrated through the manipulation of sleight-of-hand and ventriloquism and trivial adjuncts of minor importance. If spirits can, and do, respond to mortal solicitation, I might have been able to establish some such communication, for, I have diligently sought such aid in the spectral domain, in the solitary midnights of the torrid climate, where the purple silence echoes no chimes to wake up the dumb

sleepers profoundly reposing in the weird grasp of the tombs of dead and nameless nations; where superstition deems the low, sweet sigh of zephyrs and the soft, plaintive murmur of mountain rills the voices of the dead, while quaint forms seem to flit in the pale moonbeams through that quiet solitude, when the thrilling note of the nightingale resounds above and the plaint of the whip-poorwill is near; where sweet tones like music float in the air, seeming the chant of choirs singing far away. But, look, and, lo, the light fairy-forms are but the shadows of bushes swung silently by the lazy wind, the frail beings of the mind dancing in air; yea, the enrapturing songs, the heavenly chords, as you strain your ear, are but the mocking sounds emitted from a rent arch—the sportive diversion of the playful breeze.

Hence, the sheer force of spectral absence from such an hour and place needs force one to conclude that all ghost-stories are told for the purpose of deluding; that no spirit ever rises from its last eternal home, to roam the chilly solitudes of spectral realms, that sad, dismal, distempered minds

breed specters and their gloomy trains that the "silent city" is as lonely and lifeless as are empty chests of lead. For, although superstition proclaims that abode of the dead to have been peopled over with ghosts, none may be seen by the wakeful eye.

However, the phenomena of multiple personality bears no relation to ghost-stories nor to the humbuggery of spiritualism. It is a reality too familiar to scientific medicine to be placed under skeptical debate, save as to revealing its true character; and this will bear as much discussion as the question about death and immortality—and will ever remain as deeply enveloped in mystery as are they.

There may be deductions drawn from anatomy, attributing the phenomena to the disturbances of nerve-centers and pressure upon the brain, and like sympathetic influences. But, they do not elucidate the mystery of the absolute obliteration of one brilliant intellect in a moment, and the development of another, not less bright, in the same body, and then the original mind again being reseeded on its natural throne of reason, following new violence or a surgical operation that mayhap removed some pressure from the brain. I have known of trephining operations that restored normal intelligence, although I have never participated in one.

The Unsolvable Problem

However, all this does not clear up the mystery of two antithetic rational periods—the natural and the extraneous. Were there a state of insanity tantamount to oblivion of the natural faculties, and then a return from this to a natural state—the same as from the other rational intelligence of extraneous origin to natural consciousness—the problem might simplify itself. This is the unsettled feature to which the anatomical theory affords no solution. The victim of accident is dead, to all intents and purposes, and, as applied to the natural life involved, many never return to normality.

But, this does not modify the attributes of multiple personality, the natural having been superseded permanently by the extraneous. The return to the natural state but intensifies the extraordinary mystery that no natural knowledge can even attempt to explain.

The Divinity alone knows the immortal secret, that reveals marvelous wonders that

we are unable to understand; the startling certainty of mutability of intelligence, so positive that every trace of past life disappears, and in place of which a new birth, as it were, supervenes and develops the faculties of manhood and womanhood with no stage of childhood and youthfulness to cherish as sweet or regretful memories. An adult infant is a marvelous prodigy, endowed to learn, appreciate, love, suffer, all the tender traits of cultured refinement rapidly developing.

"The cause of all impiety and irreligion among men is, that, reversing in themselves the relative subordination of mind and body, they have, in like manner in the universe, made that to be first which is second, and that to be second which is first; for, while in the generation of all things intelligence and final causes precede matter and efficient causes, they, on the contrary, have viewed matter and material things as absolutely prior, in the order of existence, to intelligence and design; and, thus departing from an original error in relation to themselves, they have ended in the subversion of the Godhead."

That is, according to Plato, it is thought that generates the body, not the body thought. The body is merely a channel of thought, the means by which thought is brought into use and expression, and is not the generator of it.

Let us make this plain, for, it is the true order of being, and the understanding of it is necessary to the understanding of telepathy.

Smoking strong Mexican tobacco is a native vice deadly in a high degree, as demonstrated by the following story:

A wealthy stock-raiser, residing forty leagues from my hamlet, once wrote me that he was rapidly running down, was nervous, had no appetite, and could not sleep, and he importuned me to visit him. When I arrived at his place, situated some 6000 feet above the sea, it was after noon, and I found the old man seated on the portico smoking a pipe the bowl of which was nearly as large as a teacup, with a stem more than a yard long, this huge affair supported on a rack. I lost little time in telling the gentleman that, if he expected any substantial relief, he must first of all abandon that monstrosity. Whereupon he as promptly told me that in that case there would be no need for my services and that I was to receive pay for my visit in the morning.

Upon a table beside him, there stood a basket of fine apples, and on this table he laid his pipe when his smoke was finished. His yard was full of rabbits—hundreds of them. I removed the pipe-stem and knocked out some of the accumulated nicotine upon a paper. Then I cut an apple into four pieces, and into each piece inserted one-fourth of the nicotine-juice shaken from the pipe-stem. The old man's curiosity was at once roused to a high pitch as to what I meant to do with the inoculated apple. I then told him that, if he prized his health and life more than four rabbits, I intended to give a piece to each of the four animals and then, if they were not all dead in the morning, I should attempt treating him, with his vice of smoking undisturbed. If, though, on the other hand, they were dead, he must positively quit the pipe if he hoped to be cured. And he swore that, if but one of those rabbits was dead, he never would touch the pipe again. All four of them were dead in less than an hour. I gave this man no other medicine than a nerve stimulant and some granules of strychnine arsenate and two months later he wrote me that he was fat and in better health than he had ever known since he was a boy.

Another owner of a big plantation, a league from my office, called me to attend his wife. He was a man of powerful frame, but lean and pallid. He asked whether I could tell him how to get back his health. He was smoking a cigar a foot long. I told him he would never get well while he was addicted to that vice, and which would not delay long in killing him. Then I told him about the cattle-man. He informed me that he had smoked an average of sixteen such cigars every day. When I said to him that he would get well without taking medicine if he would stop his vice, he promptly flung the cigar in his mouth away and vowed he would never touch another. That was eleven years ago. He has been a robust, healthy man for now more than ten years. I have to my credit several other similar cures, and there would be many more if so many of these victims would not relapse, while most of whom, probably, never even try to stop smoking.

The Curse of Drunkenness

I rarely ever try to cure drunkards, and do not recall having benefited more than ten during all my professional life. I remember one whom I tried very hard to save

—more for the consolation of his meritorious family than on his own worthless account. But all my efforts and solicitude were in vain. The hapless family took all the available money and mortgaged the home, in order to complete the sum necessary to send him away to a gold-cure institution, and he came back apparently reformed; in fact, he remained respectable for a number of months. Sad to say, by and by he relapsed and soon was as besotted and even more reckless than ever before, and on the day when the mortgage was foreclosed and the family was leaving the home, this forlorn creature was dancing in a nearby saloon.

Then there was the son of the wealthiest man in the district, whose palatial home was in a fine city, spent three hundred days of the year in jail, under sentences of thirty days; his father finally having become disgusted with paying his fine or bailing him to liberty. At the expiration of each sentence, the fellow would make straight for the nearest saloon the moment he was released. At that time, caricature coming into vogue, the father hired the ablest artist in the country to come and follow his son, day and night, from the moment he came from prison till he reached the most ridiculous limit he was likely to attain, and there seize and fix the situation upon the film. By and by it came to pass that about the middle of the night, in a mist of fog, the drunken sot lurched up against a lamppost and began to vomit, when a dog suddenly appeared and appeased his hunger with the overflow. Thereupon the stuporous man began to soliloquize: "I know I ate lobster-salad at Marco's—I ate beefstew at Lara's—I drank milk-punch at Victor's—but, where in the devil did I eat that dog!" The dutiful shadow pressed the button. The reproduction of the scene was made life-sized and framed. Then the father rented wall-space in every saloon and hung there one of these pictures, so disposed that it would be seen the first thing upon one's entering the door.

The latest prison-term having expired, the first saloon encountered was entered by the victim of booze. Walking forward, he paused abruptly in front of the apparition, then, muttering, "That looks like me," he retraced his steps. He tried another saloon, and another, and yet more, and everywhere there confronted him that frightful scene of his debased self, until at last, he fled, in

horror, through back alleys and streets, to the rear of his home.

Once in his elegantly furnished room, he rang for a servant-boy and ordered him to conduct a barber in from the rear. When, in time, the dinner-bell rang, he appeared at the table, cleanly dressed and in his right mind. This man is now the owner of his late father's estate, one of the best citizens and most-respected men in the community. I had neither part nor lot in futile attempts to cure the young man nor in the invention of the strategy that saved him.

The Wonderful Tale of the Triplets

Another time, I was forced to flee the rebels to a garrisoned place of some importance, and upon my arrival I at once notified the authorities that my services were free for the poor and wretched during my temporary sojourn there. I did not open for general practice, but I had some marked successes with my pauper clients, and this resulted in some of the better-class-people to supplicate my attention, albeit there was in the town a superfluity of doctors—everyone, in fact, having a family physician, while some rich families even sported a team of doctors, since the place was very sickly and the fever-season at the zenith.

There was there a woman, past middle age, who had been consumptive for twenty-five years. She was prodigiously swollen and latterly in distracting pain, and it seemed that she was at the point of bursting. This I was told of when called to her side. Before that, however, the authorities and the priest had held a meeting of doctors late in the afternoon, and the

decision arrived at was, that this woman never could pass the night; whereupon an envious brother in Aesculap, suggested, as the meeting was breaking up, that I be called to attend her so that (Oh, human nature!) she might die in my hands. Sure enough, a policeman was sent to request me to visit and care for that moribund woman.

I arrived at the squalid hut, the family innocently ignorant of the medical council of the afternoon, as well as of what had occurred; but, I saw at a glance that the case was an urgent and pressing one. I was utterly unaware of the woman having consumption and also dropsy. Going to work, I went energetically under the belt, and quickly there felt a little foot dangling. I did the needful in a trice. However, I was surprised that the pain seemed to increase, but not for long, for, burst into this worldly existence another, and yet another little squalling stranger. In very fact, there were three of them ere sufficient neighbors could be called in to take care of them. Before long, the priest arrived and sent out notices, and soon some of the wealthiest women of the place began to arrive in their carriages. There never before had been such a sensation in the city, in connection with childbirth, and this poverty-stricken woman and her triplets soon were buried in luxuries; wealthy women took the little ones to bring up, while the mother was placed in comfortable quarters. All three babes were alive two months afterward, since which time I have had no tidings of them.

[To be continued.]

Lest We Forget Our Part

"They say, who have come back from 'over there,' that at night the troubled earth between the lines is carpeted with pain. They say that Death rides whistling in every wind, and that the very mists are charged with awful torment. They say that of all things spent and squandered there young human life is held least dear. It is not the pleasantest prospect for those of us who yet can feel upon our lips the pressure of our mothers' good-bye kiss . . . but, please God, our love of life is not so prized as love of right.

—Citizen Soldier No. 258—the District, National Draft Army.

What Others are Doing

THE MEDICINAL TREATMENT OF LOBAR PNEUMONIA

In *The Medical Record* for February 9, Dr. H. Rabinowitsch insists—against the claims of many physicians who use only indifferent medication, leaving the whole therapeutic work to be accomplished by fresh air—that in lobar pneumonia appropriate drug-treatment is of great and at times even of equal value and should not be neglected. He offers some definite suggestions, which will bear reproducing, for the reason that they constitute sound active treatment of a condition that is amenable to it. We quote:

"The use of expectorants in pneumonia, which is ignored by many physicians, has proven in my experience to be of very great importance. Not long ago, a colleague, in a conversation, asked me whether or not I used expectorants in pneumonia, and when I answered emphatically "Yes" he seemed to be somewhat surprised. But, here the physician has to show his skill in selecting the drug.

"The selection of the expectorant depends wholly upon the pathological conditions at the given moment; it is, therefore, important that the physician should recognize the exact condition of the patient and the stage of the disease. When we consider, for instance, that in the second stage (red hepatization) the affected part of the lung is consolidated, firm, and solid, it is clear that, on inspection, there will be a marked deficiency of respiratory movement, on percussion, dullness, and, on auscultation, bronchial breathing. In this most important and decisive stage, it is clear that a powerful solvent is imperative. The 'mistura solvens' (ammonium chloride, and licorice, of each, gm. 0.3; water, gm. 15.0; taken every two hours) has rendered me excellent services. Camphor internally, at the same time, gives very good results. I prescribe it in combination with benzoic acid and powdered digitalis, and I am told that ten to fifteen minutes after the patient took the

medicine he expectorated a 'lot of big thick pieces' of sputum, after which he felt more comfortable and the breathing was more quiet—a condition not to be underestimated, as it is more liable to prevent 'gray hepatization' and the formation of abscesses, and will sooner terminate in 'resolution' and absorption.

In this stage (resolution and absorption), it is clear that an absorbent and an expectorant will be of great value. I give potassium iodide in combination with anisated solution of ammonia, and have always been satisfied with the results. Strychnine should be given through the whole second stage and part of the third stage. Some advise giving creosote as an antiseptic, but, I prefer guaiacol carbonate in combination with strychnine. Alcohol is also very useful, especially in those accustomed to its use in excess. In congestion and delirium due to alcoholism or in involvement of the upper lobes, venesection has proved to me lifesaving, relieving the right ventricle."

DOES PURGATION IN APPENDICITIS MEAN PERFORATION?

In *The Memphis Medical Monthly* for November last, Dr. Thaddeus E. Wilkerson declares that for the past ten years the pendulum has been swinging in the direction of surgical treatment for the relief of acute appendicitis, until at the present time the consensus is, that procrastination should not be thought of, but, that surgical intervention should be resorted to as early as possible. Granting this to be true, Doctor Wilkerson declares, however, that there, still, intervenes a period between the onset of the attack and an operation, in which often the postoperative result is decided. For, it is during this period that the family physician too frequently converts a merely acutely inflamed appendix into an appendix that is perforated, thus giving rise to peritonitis and its sequels.

Doctor Wilkerson justly points out that a serious acute appendicitis always increases

or decreases in proportion to the treatment instituted during the first few days or hours of the attack. He even puts the responsibility upon the family physician, who, as he declares, has the first opportunity to determine what eventually the results will be, and "he either handles the case safely, by bringing into play his 'masterly inactivity', or he feels that he is called upon to assist nature by giving full doses of purgatives."

This mode of treatment Doctor Wilkerson condemns without qualification, and we can not but sympathize with him when we consider that in the cases cited by him in support of his condemnation the patients were dosed with "calomel, 1 grain every hour for ten doses, to be followed by magnesium sulphate, 1 ounce every two hours for six doses"; or, with "4 grains of calomel and 4 ounces of magnesium sulphate in divided doses"; or, with "liver-regulator, 1 ounce, calomel, 6 grains, magnesium sulphate, 11-2 ounces, rhubarb, 4 ounces". Truly, this sort of heroic treatment is bound to influence most unfavorably any case of intestinal upset, even if there is present no acute localized inflammation of the appendical region.

Doctor Wilkerson concludes that in any case of appendicitis the only "treatment" by the family physician is, "Hands off"; that nothing shall be given by the mouth; while an ice-cap may be placed over the appendix region and the rectum may be emptied by means of a small simple enema. He strongly insists that in any acute appendicitis purgation means perforation and that "nature's assistant", the purgative, should pass into oblivion.

As for ourselves, we may add that we are not accustomed to seeing such deplorable results as Doctor Wilkerson describes as the result of the administration of calomel followed by laxative salines or castor-oil, for the reason that we long have been convinced that calomel should be given only in minute doses, but, frequently repeated, with the total quantity not to exceed 1 or at most 2 grains within twenty-four hours. According to the age of the patient, the individual doses of calomel are best placed at 1-20 or 1-10 of a grain, and this small dose, while fully active therapeutically, does not exert a sledgehammer action, as do the oldfashioned 4- or 5-grain or larger doses.

We are well aware that southern physicians smile broadly at the idea of giving

calomel in amounts of 1-10 grain, to a total of 1 grain, claiming that such a pica-yune quantity would not begin to touch their southern patients; still, we are not persuaded of the correctness of their position and believe that a faithful clinical trial would convince them of the superiority of careful calomel-medication as we advocate it.

It is true that in cases of acute appendicitis recourse to the knife is the accepted, and probably the best treatment. However, it happens frequently enough that operation is refused or, also, that it is impossible to establish a diagnosis for two or three days. In such circumstances, evacuation of the bowel by means of *suitable* doses of calomel can not be considered as wrong; in fact, it is best, in our opinion, followed by some bland oil, preferably liquid paraffin, rather than resorting to magnesium sulphate or castor-oil. After all, an empty cecum, when the appendix is inflamed, is preferable to one loaded with foul feces; and, if the clearing-out can be procured in a gentle manner the results are favorable—not despite, but, because of the treatment. This at least has been the experience of the present writer.

CHLORAZENE FOR STERILIZING WATER FOR DRINKING PURPOSES

In looking over the January number of *The Military Surgeon*, we find an excellent abstract of a paper by R. L. Mackenzie Wallis, of the Royal Army Medical Corps, which appeared in *The Indian Journal of Medical Research* for April, 1917. In this paper, the author gives a report of some experiments with the use of chlorazene (para-toluene-sodium-sulphochloramine) as a reagent for sterilizing drinking-water. He found that when this chemical was used it always was necessary to add carbon dioxide, in order to obtain the maximum effect of this substance as a water sterilizer. He sums up the results of his observations in the following conclusions:

1. The aromatic compounds of chlorine are powerful germicidal agents when added, in small quantities, to drinking-water.
2. Experiments with chlorazene indicate that 0.04 Gram will completely sterilize 1 liter of any water in ten hours, even when 10,000 organisms per cubic centimeter are present.
3. The water so treated is entirely de-

void of any unpleasant taste and it has been found that it will remain sterile for at least four days.

4. There is evidence to show that its activity is markedly increased by the presence of organic matter in solution in the water; in fact, organic matter is essential for the compound to exert its action as a disinfectant.

5. Chlorazene possesses many advantages over bleaching powder as a chemical reagent for sterilizing water; more particularly in its definite and unalterable composition, its stability in solution, non-toxicity, absence of corrosive action, and nonproduction of an unpleasant taste in the water so treated.

6. All the results tend to demonstrate that in certain of the chloramines we have the ideal reagent for sterilizing water on a large scale.

The writer of this abstract would call renewed attention to the fact that Dakin, quite recently, has introduced another substance for the sterilization of drinking-water, which is even more effective than chlorazene, namely, para-sulphondichloraminobenzoic acid, to which he has given the name halazone; as several times pointed out in these pages. Halazone is an acid substance, while chlorazene is very slightly alkaline. The organisms found in water, mainly of the colon group, are more easily killed in an acid medium. However, when halazone is not obtainable, the same results may be secured with chlorazene, but, with maximum effect, only, if the water is acidulated. The addition of a little tartaric acid or lemon-juice will produce the same results as the carbon dioxide suggested by Wallis.

THE DIAGNOSIS OF GASTROPTOSIS AND PTOSIS OF THE TRANSVERSE COLON

The diagnosis of disease can not always be made from leading symptoms, for the reason that symptoms very often do not suggest localization of the diseased area. Many times patients consult a physician, complaining of vague symptoms somewhat like the following: pain in the epigastrium after eating, a dragging sensation in the abdomen, and some backache. Usually the patient is nervous and discontented, complaining a good deal of weakness and

tired feeling, and of constipation; in short, he, or she, is neurasthenic.

In *The Journal-Lancet* for February, Dr. Oscar Daignault points out that all of the symptoms enumerated very likely are due to absorption from accumulated material in the transverse colon and that this organ in many cases will, in all probability, be found in a state of ptosis. The author is convinced that ptosis of the stomach and transverse colon can exist without the other abdominal organs being involved and that this is to be kept in mind in establishing a correct diagnosis.

Clinical experience has shown that, as a rule, these patients are more or less emaciated, the abdominal muscles are flabby, and the peritoneal fat has mostly disappeared, this causing a relaxation of the internal abdominal supports, or ligaments.

On examining the stomach contents of these patients, hypoacidity usually is found to be present. There is not much regurgitation of gases after meals, despite our suspicion of fermentation. Altogether, the prevalent symptoms can, in no wise, be called leading, in the sense of calling the attention of the physician to the digestive organs as the seat of disease.

It is important to determine the presence or absence of ptosis of stomach and transverse colon, and this is demonstrated best by means of the fluoroscope or a radiogram following the ingestion of barium sulphate. The former will indicate the position and also the motility of the stomach, while in twenty-four hours the barium sulphate will have arrived in the transverse colon, the position of which can then be ascertained.

THE TREATMENT OF GASTRO-ENTEROPTOSIS

Concerning the treatment of gastroptosis and enteroptosis, the latter affecting the transverse colon, Doctor Daignault, to whose interesting paper reference is made in the preceding abstract, suggests a regimen that undoubtedly is excellent where it can be followed; but, unfortunately, many times this is impossible, the circumstances of the patient necessitating certain modifications. Still, we will quote the author's statement, as it promises exceedingly good results. He writes:

"The patients should be put to bed, with the foot of the bed elevated, so that the

organs have a chance to get into their normal position. They should never be allowed to sit up while under treatment, except to be raised a little at meal-time, as the prime object of this treatment is, to build up these patients, so that the muscles, ligaments, and fats are replaced. Overfeeding should be the main treatment. The patients, after a few days, take easily six feedings a day, consisting of three good meals and three lunches. They are also given a general massage daily, to help the metabolism.

"They are given this kind of a treatment for a period of six to eight weeks or until we have raised their weight from 20 to 25 pounds. No medicine is given, excepting a general tonic. This is the only treatment, in my opinion, that will give these patients any benefit. After they get up, they may be fitted with a corset or band, to help the abdominal muscles."

In concluding, the author says: "I think that, if we study these cases better and try to make a proper diagnosis, we shall be able to help another class of patients that have been classified heretofore as neurasthenics."

PSYCHOTHERAPY IN THE TREATMENT OF MORPHINISM

It is always considered good therapeutics to remedy, so far as possible, the damage done by any disease. In morphinism, this damage is far more extensive than often is appreciated, and the mere fact that the craving of the addict for the drug has been abolished offers no guarantee of a final and lasting cure.

C. B. Pearson, writing in *The Interstate Medical Journal* for January, points out that the psychic damage wrought by opium, while not perhaps so tangible as a dislocated hip-joint, nevertheless is every whit as real, more deplorable, and more difficult to remedy. Since among the most prominent mental symptoms of morphine-addiction are secretiveness and cowardice, it, naturally, is as necessary for the physician to overcome these psychic traits of his patients as it is to eradicate the craving for the drug and to remedy the physical damages.

Both of the psychic traits mentioned are the result of self-depreciation, which Doctor Pearson calls the keynote of the psychology of morphinism. The addict is secretive, because he imagines that the

others have as poor an opinion of himself as has he. He lacks self-confidence and, therefore, courage. By way of illustration, it frequently occurs that patients place themselves in the care of physicians without informing their friends, using the pretext of a business trip or a vacation, or, in the case of physicians, frequently of a post-graduate course. Yet, Doctor Pearson justly points out that the encouragement and active support given by the friends to the addicts in their fight against their affliction would be a potent factor in their ultimate recovery.

It is owing to the same psychological difficulties that failures in previous attempts render the prognosis for a given course of treatment so much less encouraging. While Pearson has scored over 90 percent of permanent cures among those addicts who had never before taken treatment, his success among those who already had failed several times is less than 50 percent of lasting cures.

The solution of the problem lies in the persistent improvement of the psyche of the addict. It is necessary to restore his self-confidence and his courage, and to overcome his pessimistic fear of failure. In institutions, it is vitally necessary to counteract the pernicious influence of "crapegangers" among the patients in their mutual intercourse, and to eliminate everything that is prejudicial to a courageous and confident frame of mind and atmosphere.

THE PREVENTION OF BLINDNESS IN THE NEWBORN

The National Committee for the Prevention of Blindness is about to issue a new exhibit on this frequent cause of blindness. According to "The News Letter", this exhibit consists of five printed posters, the text-matter of which has been prepared by the executive officers of the Committee, with the cooperation of the Department of Surveys and Exhibits of the Russell Sage Foundation, besides splendid sketches, which amply illustrate the text, drawn by Mr. C. J. Holliday, manager of the art department of the National Child Welfare Exhibit Association.

The success which attended the publication of the Committee's last exhibit ("Industrial Eye Accidents"), in poster form, makes it seem most desirable to bring out this new exhibit in the same convenient

way. Moreover, the requests for the loan of the various prevention-of-blindness exhibits, being far more numerous than it has been possible to fill with the bulky panels heretofore in use, made it seem most advisable to produce a set that could be mailed at small cost and which it would be unnecessary to return.

Each poster is 19x27 inches in size, the set of five comprising the complete exhibit. They are printed on heavy, though flexible, paper and mailed, rolled in board tubes, thus insuring their delivery in good condition.

The posters are especially adapted for display in the observance of "health week" and "baby week" in baby contests at state, county, and local fairs and, in fact, wherever any educational public health measures of this nature are to be attempted.

"Will you not," the "News Letter" pleads, "place this information in the hands of your local health-officials—today? Write to the health-officer, also advise the chairman of the public-health committee of your club, the secretary of your fair association, and to others who might be interested now or at a later date. Your cooperation will be greatly appreciated."

The new exhibit will be mailed to any address, postpaid, on receipt of 50 cents. Special prices will be quoted for quantity lots.

A CASE OF FULL-TERM ECTOPIC GESTATION

In *The Journal of the Michigan State Medical Society* for July last, Dr. Reuben Peterson reported a very unusual case of full-term ectopic gestation, in which the products of pregnancy had been retained for eighteen years and were removed successfully.

The patient, a woman of forty-six who had been married at the age of twenty-three, entered the hospital because of an abdominal tumor that had existed for eighteen years. Five years after marriage, menstruation ceased, morning-sickness set in, the breasts enlarged, and the abdomen gradually increased in size until at the ninth month it was as large as in a woman at term. She felt life at the fifth month, does not remember, though, at what time movements ceased. She thought she was pregnant, still, never felt any labor-pains. Shortly after the nine-months' cessation of

menstruation she began to flow regularly again. However, her abdomen did not diminish in size for two years, after which it gradually became smaller. During the past year, she has not been feeling well and has lost 10 or 15 pounds.

Upon cutting through the abdominal wall, a fluctuating sac was found densely adherent to the parietal peritoneum, the omentum, and portions of the intestine. These adhesions were exceptionally dense, much more so than in ordinary inflammatory neoplasms. A normal ovary was attached to the cyst-wall and the fallopian tube could be traced over the surface of the sac—showing that it was a tubal and not an ovarian pregnancy. During the enucleation of the sac, the latter was nicked in one portion, when an oily fluid of about the consistency and color of pea-soup exuded. Considerable hemorrhage resulted from the enucleation of the sac, owing to the dense adhesions. The patient exhibited considerable shock at the completion of the operation; however, she soon rallied, followed by recovery.

The sac, when cut open, was found to contain the greater portion of a fetal skeleton; the bones, in Professor McCotter's opinion, being those of a nearly, if not quite, full-term fetus.

The main interest attaching to this case rests in the fact that the fetus was retained for eighteen years, and it is even more worthy of notice that an ectopic pregnancy, which moreover, was tubal went to almost full term without rupture occurring and without resulting in infection or other serious accident to the mother. Other cases are on record in which the sac became infected, the bones finding their way out externally through the intestines, vagina or bladder, after a longer or shorter time.

FETUS MATURED PARTLY IN AND PARTLY OUTSIDE A RUPTURED UTERUS

At a recent meeting of the New York Obstetrical Society (*Amer. Jour. Obstet.* Jan., p. 136) Dr. Asa B. Davis reported an unusual case, in a woman who had been delivered in her fourth pregnancy by cesarean operation in April, 1914, the fetus being stillborn. She had no children living. In

September, 1916, this woman was pregnant for the fifth time, being very anxious to have a living baby.

After her admission to the hospital, the fetal heart, of 130, was found to the right and above the umbilicus. Thereafter, it could be heard at times; at others, not. Fetal movements always were perceptible. The woman was in good health and spirits and assisted with the ward-work. In the midafternoon of November 23, she complained of very slight intermittent backache, so, the house-surgeon made an abdominal examination. The abdomen was pendulous, covered with a thick wall of fat; yet, he believed that he could feel a large ovarian cyst in front of the pregnant uterus.

The patient was unduly sensitive to abdominal pressure, and it was evident during examination that beginning labor was present. Preparations were at once made for delivery, a second time, by cesarean section. Upon opening the abdomen through the former high midline scar, there came into view a sac of membranes filled with clear fluid in which small parts of a fetus were seen moving about actively. The fetus was presenting by the vertex, right occipito-anterior position. The membranes were ruptured and a living male child weighing 3700 Grams was delivered by breech extraction. During delivery it was found that the head of the fetus came from the uterine cavity; the remainder of the fetus was in the sac of membranes in the abdominal cavity and outside of the womb. Not a drop of free blood was found in the abdominal cavity.

The uterus was contracted and well down in the lower part of the abdomen. It was drawn up to the abdominal opening and found wide open through the entire length of the former cesarean scar. The edges of this opening were thick and entirely covered with adherent membranes. The placenta was on the posterior and upper part of the uterine cavity somewhat to the right. There was no blood and there were no raw surfaces. All evidence pointed to the fact that this opening had existed from before conception or from very soon after and that for many months or during the entire pregnancy the ovum had developed largely outside of the uterine cavity. The membranes were not unusually thick nor tough.

It is strange that a slight fall or a misstep of the mother had not ruptured them.

The puerperium was afebrile and uneventful. Mother and child were discharged in good condition on the tenth day after delivery. The child was nursing and gaining weight. The womb was central, movable, not tender, with the fundus 14 cm. above the symphysis.

SUPERVISION OF MIDWIVES

During 1917, important changes were made in the qualifications required of applicants for licenses to practice midwifery in the state of New York.

The length of term of a midwife's license was changed so as to expire with the calendar year in which the license is issued. The supervision of midwives, including the issuing of midwives' licenses, has been transferred to the vital statistics division. A beginning was made in the carrying out of a state-wide plan for the courses of instruction for midwives in large communities by cooperation with the sanitary supervisors, local health-officers, and nurses, the detailed field work being conducted by a special nurse from the division staff.

BLOOD PRESSURE IN HEAD INJURIES

In *The New York Medical Journal* for February 9, Dr. H. M. Armitage presents the results of his studies of blood pressure in head injuries, which have led to the conclusion that the systolic pressure is of no value as a diagnostic measure in determining the degree of compression of the brain or of aiding in a decision as to the advisability of operating. His experience has demonstrated, however, that the pulse pressure is proportionately high in cases of traumatic compression of the brain, and that the more serious the compression, the higher the pulse pressure, until the last stages, when vasomotor compensation begins to fail. While the decision as to whether or not trephining should be undertaken must be reached only under a careful study of the entire group of symptoms, the author unhesitatingly asserts that of these symptoms the most important one is the frequent estimation of the pulse pressure in its relation to the pulse rate and systolic and diastolic pressures.

Miscellaneous Articles

Studies on Food Economics

XI.—Cheese

AT the present day, when the conservation of food is the slogan, it will be well to consider how we can best carry out the program inaugurated by the United States Government with regard to the meatless and wheatless days.

Without exception, cheese, from every aspect of nutrition, is more nourishing, pound for pound, than any other food in use by man. However, being a concentrated food, cheese should not be largely partaken of by persons of sedentary occupations and habits. Thus, we find, for example, taking muscular fiber without bone (that is, selected best part of the meat) that beef contains, on an average of 72 1-2 percent of water; mutton, 73 1-2; veal, 74 1-2; pork, 69 3-4; fowl, 73 3-4; while average cheese contains only 30 1-3 percent of water.

Comparing the whole carcass, we have, in cheese, 3 to 1 over flesh. Casein (or cheese), as it is voided by the animal in milk, is soluble. When taken into the stomach in this form, it is coagulated, by the gastric juice, and separated from the sugar, albumin, and butter-fat. The cheese of commerce is artificially digested by one of two processes; that is, either by means of rennet or of hydrochloric acid.

Rennet is the salted and dried fourth stomach, the so-called rennet bag, of a calf. This stomach resembles the human stomach. Casein, as voided in milk, is soluble; but, when rennet is added (whether the fat is removed or remains), the casein is coagulated and rendered insoluble.

This insoluble casein, when separated from the whey, and dried, is a yellowish hard hornlike substance, which softens and swells in water, but does not dissolve in it. Lactic acid in the stomach dissolves it as

coagulated by the hydrochloric acid that is present.

When hydrochloric acid is used to coagulate the casein outside the body, it doubtless acts also on the phosphate of calcium present; the same being removed in the further process of cheese making. Hence, cheese made by the rennet process is much to be preferred. So, also, cream-cheese, or that made from the whole milk, is more nutritious than that made from skimmed milk.

Condensed milk and what is called evaporated cream consist of skimmed milk to which has been added, as a preservative, granulated cane-sugar. It was during the year 1882, the writer thinks, when he had a lengthy correspondence with John Borden, of Walkie, New York, on the possibility of obtaining a condensed milk for infant feeding from whole milk. The correspondence ended with the confession by Mr. Borden that such milk could not be produced by evaporation. The various modifications of cow's milk are mainly in the direction of reinforcement of cow's milk by the addition of extra cream. However, this is a digression from our cheese subject. Raw cheese is not as digestible as it is when properly cooked. But, how few do realize this in our country. In Europe, they thoroughly understand the cooking of cheese, and get up very palatable dishes of it. It may be premised that acids coagulate casein, while mild alkalis render it soluble. On these premises, the following are predicated:

Raw cheese can be eaten by mountaineers or people working at hard labor, but, it is liable to give indigestion and nightmares if eaten of too freely by people of the towns or of sedentary habits.

The great lack of our refined food of the present day is, the absence of organic salts,

especially of the phosphate of calcium. Another very necessary constituent of our bodies is potassium; hence, our food should contain a sufficiency of this element. Fresh vegetables, fruits, and the juices of meat contain potassium.

There are only two forms of cooked cheese much used in this country, one of which is: Welsh rabbit (or, properly rarebit). This too often is indigestible, although it need not be. The other is macaroni cheese, that is, cheese cooked with macaroni. The macaroni made in the United States is mainly made from a northern starchy wheat very deficient in gluten. These two are boiled together and baked, or the macaroni is first boiled, grated cheese then added, and both are baked together. Algerian or any southern wheat contains a larger proportion of gluten than our northern wheats.

The absence of potassium salts in our food is the prime cause of scurvy. Scurvy on board ship resulted, in the past, from eating salt meat the potassium salts of which escaped, by exosmosis, into the brine of the pickle. Captain Cook, in his voyage around the world, kept his crew well by the use of lime-juice, citrate of potassium.

W. Mathew Williams has the following:

"I once lived for six days on bread and cheese, only, tasting no other food. I was in company of C. M. Clayton (son of the senator of Delaware, who negotiated the Clayton-Bulwer treaty), taking a passage from Malta to Athens in a little schooner, and, expecting a three days' journey, we took no other rations than a lump of Cheshire cheese and a supply of bread. Bad weather doubled the length of the journey. We both were young and proud of our hardihood in bearing privations, were staunch disciples of Diogenes; but, on the last day, we succumbed and bartered the remainder of our bread and cheese for some horse-beans and cabbage-broth of the forecabin. The cheese, highly relished at first, had become positively nauseous, and our craving for the forecabin vegetable broth was absurd, considering the full view we had of its constituents and the dirtiness of its cooks. I attribute this to the lack of potash salts in the cheese and bread."

The writer has often remarked how, in our Florida woods, the range-cattle eat the

bones of such of their number as die there. They do this, to obtain a sufficiency of calcium of which the average sandy soils are sadly deficient.

Now as to a method of rendering average insoluble cheese soluble, reinforcing it with the potassium it lacks. When bicarbonate of potassium is added to cooking cheese, it renders it more soluble and more easy of digestion, the proper proportions being 1-4 of an ounce of bicarbonate of potassium to each pound of cheese. Again we quote from W. Mathew Williams:

"My first acquaintance with the rational cookery of cheese was in the autumn of 1842, when I dined with the monks of St. Bernard. Being the only guest, I was the first to be supplied with soup, and then came a dish of grated cheese. Being young and bashful, I was ashamed to display my ignorance by asking what I was to do with the cheese, but, made a bold dash, nevertheless, and sprinkled some of it in my soup. I then learned my guess was quite correct."

Now, if we have the desire to economize in feeding—especially as to meats, we can do so by the freer use of cheese in our domestic economy. For example, if we boil rutabagas (yellow turnips), the resulting liquid, if reinforced with grated cheese, will be found a very palatable, wholesome, and nourishing dish. Another cheap, wholesome, and extremely nourishing dish is, oatmeal porridge reinforced by grated cheese. Oatmeal is cheaper than either corn or wheat, while, considering its feeding-value, it is three times as cheap as flesh. Rice, hominy, tapioca, and other starchy foods can be improved by the addition of grated cheese. The latter are heat-producing and fattening foods, while cheese is nitrogenous and contains the mineral elements necessary to our makeup.

Many dishes may occur to the practical cook that can be made up from scraps that otherwise would be relegated to the swill-pail, by recocking with grated cheese reinforced with bicarbonate of potassium. Another dish to which the attention of the reader should be called is a mush made by stewing diced pumpkin or squash with a very little water, mashing in its own liquid while hot, then adding grated cheese. This is very palatable.

None of these cheese dishes should have

meat as an accompaniment, for, that would make a too concentrated diet.

Now for a plan or way of preparing a welsh rarebit. To a given quantity of grated cheese, add about its own bulk of water in which the proper proportion of bicarbonate of sodium as give above, is added, and cook in a suitable vessel. Then pour on toasted bread or mix with browned bread crumbs and bake. Part of the water may be replaced by milk, if desired. Also, when eggs are plentiful and cheap, the rarebit may be reinforced by such. However, they are not considered necessary.

In the making of meat-soup, a smaller proportion of meat may be made to produce a much larger proportion of soup by adding grated cheese.

A. T. CUZNER.

Gilmore, Fla.

ADIEU OF AN OLD FRIEND. A VALEDICTORY

Twenty-one years ago, I subscribed for your journal, under the name of THE ALKALOIDAL CLINIC and every month since then it has regularly come to me and every copy has been read and studied. How much valuable and useful information its pages have brought me, no words of mine can tell. I have appreciated, admired it and recommended it to young and old. Now I have reached a time when I feel that I must part with this valued friend, not that I love it less or feel that its value is decreasing; for, I can see it becoming more and more valuable, interesting, and essential. But, the infirmities of old age as well as other reasons force me to take this step.

The saying goodbye and asking you not to send THE CLINIC next year, is hard to do—for twenty-one years, it has been a pleasure to me to say the reverse. I wish you all the success in the world, enlarged growth and usefulness. It has been a wonderful work that you have done. How many millions of lives there have been helped and blessed by this wonderful magazine! I have been looking over the old numbers, those of that year 1897, and how good and useful and helpful the journal was then, and how much better now.

"May your bow abide in strength" and may those who take the place of the great ones who have made CLINICAL MEDICINE

become as wise and helpful and hopeful as the fathers were. Better things are coming to this poor world than it has ever had. This is our hope and our encouragement. I am glad and thankful to have had this great privilege of having had the reading of CLINICAL MEDICINE for all these years.

PAUL F. BROWN.

Estill, S. C.

[In ancient Sparta, the young men were the learners, the grown men the doers, and the old men the advisers. The latter occupied as important a position in the economic arrangement of the state as did the virile men, themselves. So it has been ever since and so it should be. While we appreciate the desire of the old, who have passed many years in constant succor to the afflicted, to rest, and while we wish a happy evening of life to our old friends who, like Doctor Brown, bid us farewell, yet, we are loth to part with them. We need you, for the wise counsel that you can give, for the encouragement and the kindly approval; we want your good wishes and your sympathy and your commendation. Besides, we always are sorry to see a physician, though retired, give up his active interest in those who are carrying on his work. There are so many things in which he can maintain it, so many occasions in which his experienced counsel may be of inestimable value to the younger physicians.

True, there may be reasons that make it impossible to continue, say, the subscription of the journal. And, yet, it seems as though this factor would tend to keep alive the enthusiasm and the interest, even if it must be passive. However, the decision rests with everybody personally, and however much we regret the necessity of parting, we bid Doctor Brown a cordial "God be with you," hoping that the evening of his life may be spent in peaceful and happy surroundings.—Ed.]

THE TREATMENT OF ADENOIDS

I read, with much interest, the article on adenoids, by Dr. C. W. Canan, in the January Clinic, page 61, also that of Dr. H. J. Achard on page 63. My comments shall be brief.

I agree with Doctor Achard that the nonsurgical treatment is the rational one, and the following remarks on the etiology

should suffice to prove the case, or, rather, sustain our position.

Adenoids are a growth of lymphoid tissue situated at the vault of the pharynx, obstructing the nasal passage to the wind-pipe. They are caused by neglecting the infant's nose, which becomes obstructed from taking cold, the infant then breathing through its mouth. There being no use for that portion of the air-passage, nature fills that space with a vegetation or lymphoid growth—adenoids.

This being so, almost every case of adenoids could have been avoided by proper care of the infant's and child's nostrils. If the nostrils are kept clean (open) from the time of birth, there will be no mouth-breathing and, consequently, no adenoids.

Allow me to say that I think that the statement that a child has been found which had adenoids before it was born does not seem rational. It can only be something similar if any such or similar growths have been found in a dead fetus.

I have treated cases in persons of every age, and I seldom advise surgical removals. I wish to encourage local applications both for adenoids and for hypertrophic tonsils.

Heal and absorb the adenoids and reduce the hypertrophy of the tonsils; cleanse the nose and furnish the patient with proper medication to apply or spray the nose; teach him to breathe through the nose; and the adenoids will soon be absorbed.

One of the first instructions mothers should receive from the obstetrician is, how to manage the infant's nose—how to keep it open—tell her that, when the child's nose becomes clogged, it will breathe through the mouth and, so, become a mouthbreather and that the result will be adenoids. Assure her that adenoids are due to mouthbreathing and that only mouthbreathers will be troubled with adenoids.

None of the babies under my care have adenoids, so far as I have been able to discover. That is almost conclusive evidence that mouthbreathing is the cause of adenoids.

R. WILLMAN.

St. Joseph, Mo.

[It all amounts to this, that, as in so many other conditions, the best treatment of adenoids is, to prevent them. For this purpose, the excellent antiseptic action of chlorazene and of dichloramine-T should

not be lost sight of. When adenoids actually have formed, the treatment, whether medicinal or surgical, will depend upon existing conditions.—Ed.]

SODIUM CACODYLATE IN EXOPHTHALMIC GOITER.

In my communication printed in the January issue, page 79, I briefly mentioned the good results I have had from sodium cacodylate in exophthalmic goiter. In compliance with a request from the Editor, I will go a little more into detail, premising that, in view of the characteristic symptoms presented, there is no question as to the correctness of the diagnosis. It may be added that the first one of the two cases treated by me with the cacodylate occurred a long time ago, while my second one, in which quinine also was used, is of very recent date.

The first case is that of a woman living in Worcester, Massachusetts, a native of Germany, who, one year preceding, became the mother of a healthy girl, but, did not nurse her. At the time I was called, she complained of general weakness and tremors. The thyroid gland was moderately enlarged; the tachycardia, the tremor, and her general muscular weakness suggested Basedow's disease; which diagnosis was confirmed by Doctor Accone, of Boston, who was called in consultation. We agreed on arsenical treatment; the best preparation, in our opinion, being sodium cacodylate. After a course of twenty-five daily intravenous injections, she was cured. I say cured, and not, relieved, because all the symptoms were gone except the enlarged gland. However, after a rest of several days, she was given another series of the same injections. Absolutely no other medicines were administered.

The second case, that of a woman of Los Banos, California, 40 years old, is still more characteristic. Two years ago, I delivered her, with forceps of her second child. Last year, I was called to her and found her complaining of general tremor, especially of the legs, and general weakness. The tremor was so violent that it was impossible for her to stay on her feet even a short time. There was but little doubt about the diagnosis. She was very like the picture of exophthalmic goiter we used to read in the medical books—the thyroid gland enlarged, the marked protrusion

of the eyeballs. Besides the tremor, there was a very frequent pulse, palpitation on every little exertion, and Graefe's sign. Moreover, owing to vomiting and diarrhea, she was reduced to skin and bones. This, I think, is a complex of symptoms that does not leave any doubt as to the diagnosis, even if I do not relate all the history.

After two weeks' treatment, this woman was able to leave the bed with the tremor rapidly leaving her and all the other trouble diminishing. She received only twenty-five injections of sodium cacodylate, because her financial standing did not permit further expense; still, it was enough to free her from the disease and to make it feasible to continue the treatment with Fowler's solution of arsenic. It was here that, because of the severity of the condition, quinine in small doses, four times a day, was prescribed.

The comment of the Editor on my previous article induces me to say that in almost all diseases, especially where disturbances of the intestinal canal are present, after a preliminary cleaning-out I keep my patients on a milk diet for a few days, with the intention of eliminating, if possible, any toxins lingering.

Not long ago, patient No. 2 brought to my office another sick woman, and so I had the chance to see her again. The same picture—the thyroid gland enlarged, protrusion of the eyeballs, and Graefe's sign—was present, but, she said she feels good and strong and was doing all her family work. No tremor at all was present and the pulse was regular.

RAFFAELE MORETT.

Los Banos, Calif.

GOOD BOOKS—FREE

Our book department has on hand books occupying space that is needed otherwise. So, it has been decided to give them away, the only condition being that twenty-five cents is sent for every volume desired, in payment of postage. Address the Book Department of THE AMERICAN JOURNAL OF CLINICAL MEDICINE, Ravenswood, Chicago, Illinois.

These books are as follows: "Every Boy's Book", "Every Girl's Book", and the "Physician Detective", all by George F. Butler; and "Stories of a Country Doctor", by W. P. King. Also "The Houseboat Book", by William F. Waugh, and

"American Alkalometry: A Digest of Clinical Teachings", edited by Doctors Abbott and Waugh, of which four volumes were published.

OLDTIME EMERGENCY SURGERY.

After reading Doctor Wright's article in February CLINICAL MEDICINE, page 154, it put me in mind of the way I was treated about fifty years ago, also how I treated a certain patient at about the same time, when I was teaching school.

One cold Saturday morning in January, I was getting the team ready to haul fodder for the stock for the next week. In some way, both horses and I got mixed up in the barn-door at the same time, and they got me up against the side of the door and fractured my clavicle, rendering me unconscious for a short time. As soon as possible, my father saddled one of the horses and went three miles after a doctor. The first thing that doctor did was, to order mother to bring the broom—and I wondered what on earth he was going to do with that broom. Said he, "Here boy, take hold of this broom-handle." Then he pulled out of his pocket a spring-lance and "whacked" it into my arm. When he had bled about a pint, he tied a pillow-case around my arm, keeping the hand up pretty well, and that was all. My fracture healed up after about three months.

Then as to the other case. While teaching school, I was boarding with my sister. One evening just as I arrived home, my sister said: "Hurry, quick, John Crosby has cut his foot off and they want you to go over." "Well," I said, "I am no doctor," but, I went. I found that the man had cut the big toe almost off, just leaving about half of the muscles on the toe next to the other one. The bone was cut off. It was ten miles to a doctor and the folks were poor, so, I thought, Here goes.

I washed the blood off with cold water; also cleaned up the foot better than it had been for a long time, I am sure. Then with a needle and thread I put several stitches; and, you can bet, I had a hard time working that needle through that tough skin. It healed up nicely without my assistance, for, I did not see the fellow again until the wound was completely healed.

This was before I ever thought of "reading medicine." The toe grew on just as

MISCELLANEOUS ARTICLES

well and as quickly as if it had been done in one of our up to date hospitals of today.

T. R. NASON.

Columbus, Ohio.

WHY HE HESITATES TO WRITE

I am in receipt of your request to write articles for *CLINICAL MEDICINE*. However, before promising anything of the kind, I should like to whisper a word in your ear—for publication.

When I write anything for publication, I have learned, from past experience, to make it so plain that "he who runs may read" and understand, too. The short article I wrote for your February issue I consider one of the plainest I ever wrote, yet, since its publication, I have literally been "snowed under" with letters. They come from every part of the country—from the cities, the small towns, the rural districts, and they still are coming in in every mail.

Now, doctor, maybe you think I ought to feel complimented—and I do, in a way; but, it is all devilish expensive, because only three letters out of all that mass *had stamps enclosed* for a reply.

During the year 1895, I wrote an article for the old *ALKALOIDAL CLINIC* every month and received almost as many inquiries from them, which shows that the great popularity of the journal is not on the wane.

The articles I expect to write for *CLINICAL MEDICINE* will *not* be for reputation or emolument, but, for the good of the cause. If the answer to any inquiry is not worth return postage, better not waste time to write it.

C. S. NEISWANGER.

Chicago, Ill.

[We can well understand Doctor Neiswanger's plaint. Indeed, we know that many physicians writing for medical journals have much cause for the same kick. It isn't as though writers who have communicated the results of their investigations for the benefit of physicians were not perfectly willing to amplify their remarks or give special information in reply to specific questions, but, it is the unfairness of the fact that so many men fail to enclose return postage when they expect a letter of information and instruction. A stamp or two doesn't amount to much, but, a hundred or two hundred means from three to six

dollars, not to speak of the time required for writing. It is not deliberate sponging, but, merely thoughtlessness that gives occasion to letters like the foregoing. Moreover, when a thing is self-evident or when it can be cleared up by a little thinking, why put anybody to the necessity of writing a letter about it? It may be all right for you, doctor, to write a letter to the author asking certain questions about his article. Still, in most instances, the answer will occur to you while you are putting your thoughts on paper. And then there is no need to mail that letter. Of course, if you actually have an important question to ask, there is nobody but will be glad to answer in detail. But, let us impress this thought, and strongly:

Whenever you want a letter of instruction or information, enclose a postage stamp.

It is only right.—Ed.]

DOCTOR RICHARDSON PROTESTS AGAINST PATERNALISM

In my copy of the journal for February, on page 155, I find my short article in protest against undue legislative regulation, and also, on page 106, your editorial comment upon the same. To the latter, I wish to add a few remarks.

Further argument or discussion, so far as the *JOURNAL* or its readers are concerned, is, obviously, superfluous. However, much more could be said on the subject, and that from my side of the question, pointing out much that seems to be in error in your comment.

True, things are going in the direction you point, but is it on critical analysis, actually best? Not apparent best, but, real best? Are we not fighting today against one of the most highly developed outcomes of what we ourselves are on the threshold of, and in what you so thoroughly seem to concur in your editorial comment?

Is not, and has not, Germany for some time been a highly organized community, in which individualism is almost absolutely destroyed? What a hellish thing she is proving to be. Such methods beget a certain type of advanced efficiency, but, does it make for the best in the end; in the long run; either for the individual or the community collectively?

Apparently it throws a barrier around the possible future production of great in-

dividuals, those with the personality and initiative which permeates men like Thomas A. Edison.

Is not this progress and community betterment more apparent than real?

Is it not better for a community to attain a certain moderate standard of ambidexterity, or versatility, than a higher, one-sided, specialized individual development? Would it not be better so to formulate our educational system, constantly to increase this collective standard, than to split the community into a number of smaller specialized units as our present educational systems are tending to do?

Am I not right in the inference to be drawn from my former article, that, as a collective organization, we are degenerating rather than progressing; admitting that there is specialized progress in small units? Collectively, we are not what we should be nor what we should strive to be. We have it in us to train to the point of becoming highly multiplex. Why should it not be fostered?

Personally, I should hate to be as helpless as some people whom I know are, who couldn't drive a nail straight or saw a board to a line, and, yet, with equal facility turn around and in five minutes determine the presence of gonococci under the microscope.

F. N. RICHARDSON.

Cleveland, Ohio.

OUR SON

Who can guess our pride and joy,
As we hold our baby boy,
Tiny infant, knows no one,
Our blessed infant son.

May God bless us, every one,
Most of all our baby son.

Time goes on, he grows in grace,
Knowing look lights up his face,
Smiling, cooing, kicks his feet—
My, he's smart! And, oh, so sweet!

May God bless us, every one,
Most of all our baby son.

Time goes on—it makes me sad:
Little son is now a lad.
Goes to school, and then to play—
Leaves our home now every day.

May God bless us, every one,
Most of all our boy, our son.

Time goes on, he's called by life,
Called to toil, and daily strife

Makes him noble, great, and strong:
A full-fledged man in the busy throng.

May God bless us, every one,
Most of all our sturdy son.

Time goes on, grim war calls son
From our loving arms he's gone.
For the right he'll bravely stand,
Son is now a soldier man.

May God bless us, every one,
Most of all our soldier son.



The Soldier-Son of Dr. C. W. Hunt. Do you wonder at it, that the Father is proud of him?

Soldier true, our pride, our joy—
Son is still our infant boy—
Still our babe, his country's man,
For the right he'll bravely stand.

May God bless us, every one,
Most of all our own dear son.

C. W. HUNT.

Brevard, N. C.

TREATMENT OF BURNS, ALSO OF BEDSORES

* Parresine is an excellent dressing for burns of every degree. I have used it in three cases of severe burns and am well pleased with the results. After applying.

the patient immediately exclaims, that feels good. It removes pain and hastens the healing process.

G. SCHLEGEL.

New York, N. Y.

[In the treatment of burns, for which liquid-paraffin preparations were elaborated originally, the possibilities of this new class of preparations are, by no means, exhausted. We remember succeeding in relieving promptly the pain and distress of bedsores in the case of a very old man who was dying of inanition. Curative treatment was hopeless; the sole aim was, to relieve pain, and this was attained. There are many other ways of using parresine and similar preparations, and, these may be discovered by setting your imagination to work.—ED.]

DEATH OF DR. ODOS A. HOPKINS, M. R. C.

We print a likeness of Dr. O. A. Hopkins, late of Cleveland, Ohio, and for many



The late Dr. O. A. Hopkins, M. R. C.

years a valued member of THE CLINIC "family", who died last January, of spinal meningitis, at Camp Beauregard, Louisiana. Doctor Hopkins was a graduate of the Kentucky School of Medicine, at Louisville, and had done postgraduate work at Cincinnati Medical College and at Vienna.

Austria, returning home from the latter city just before the outbreak of the big war. Having been successful in surgery, he enlisted in the medical reserve corps and received his training in Fort Riley, Kansas, after which he was sent to Camp Beauregard, with the rank of Captain. Doctor Hopkins leaves a wife and son and daughter, to whom we extend our sympathy.

BUCKWHEAT-HONEY FOR DIABETICS

I have recently been particularly interested, among other things, in the medicinal treatment of diabetics and, to be sure, in the most important treatment, the dietary regimen. I will mention the case of a patient whom I cared for and his great longing for something sweet. I considered the use of honey, and concluded to give that a trial and watch the urine closely. There is a division of opinion as to the influence of honey in diabetics and we thought the experiment worth while. The patient, I may add, is a very intelligent subject and has learned to test the urine, and it is interesting to note the many things that he observed.

Thus, he found that the buckwheat-honey has no untoward effect, while honey from bees that live among flowers or grain-fields (other than buckwheat) has the same influence as have other sugars. Sugar in the urine always is dependent on the amount ingested, and there always is a relation between intake and output. This probably is worthy of note, as the interdiction of sugars to the diabetics is a real deprivation in the majority of victims. Too, the patient in question has observed that worry about business matters has a bad influence, so, also, great physical fatigue. However, the question of buckwheat-honey being permissible for diabetics is a question of paramount interest, and, personally, I should be happy if investigation would be made in this direction.

ELIZABETH CAHILL.

Chicago, Ill.

[In *The Journal of the American Medical Association* for October 16, 1915, on page 1412, there is an abstract from the *Russkiy Vrach*, according to which Davidoff found honey to be a good substitute for sugar and other sweet foodstuffs in diabetes. It prevents acetonemia and dimin-

ishes the amount of sugar in the urine, despite the fact that honey contains 75 per cent of sugar. One patient used up within ten days 1 pound of honey without there occurring any increase of the sugar content in the urine. When the honey was stopped for some time and the percentage of sugar rose, the patient was given four tablespoonfuls of honey daily, and the sugar content again dropped. Instead of honey in substance, a jelly made of honey was used. Davidoff here reports 6 further instances of the beneficial action of honey in diabetes.

Beyond that item, we have not been able to locate any other references to the matter, although we have an impression having read other remarks about it. The use of honey would seem to constitute less of a strain on the assimilative powers of the diabetic than does cane-sugar, and this is worth remembering. We should like to have the idea put into practice, and hope that physicians who have had experience in this matter will report to us.—Ed.]

OBVIATING MASTOIDITIS

In twenty years, I have not failed to prevent pus formation and an operation by placing over the mastoid process a fly-blister as large as a silver dollar and allowing it to remain about two hours or until a blister forms. At the same time I saturate the patient with calcium sulphide, by giving 1-2 grain hourly. I also order a purgative of epsom salts. Try it.

X. Y. Z.

EXPERIENCES WITH CAPSICUM, POTASSIUM BITARTRATE AND TEREBENE

With regard to your request for experiences with capsicum in the treatment of delirium tremens (February, p. 156), I make free to suggest that you reproduce a paper that was published some years ago, in *The Cleveland Medical Journal*, a copy of which I submit. It is as follows:

Capsicum, as a heart stimulant, has, in my practice, proved a very valuable remedy in alcoholism and for habitués of opium and its derivatives. I first learned of its value during my service for eleven years as physician to the Cleveland Workhouse. Capsicum was the only remedy given to the prisoners who unfortunately were suf-

fering from mania a potu or from the excessive use of opiates. Even when apparently moribund at the time of entering, capsicum always proved beneficial. There were no deaths from such causes. It was given in beef-broths and other soups and in coffee, tea or milk, made as strong as the patient could swallow the liquid without suffering too much discomfort, and was given freely every two or three hours until improvement followed, then less frequently.

Several years ago, I was called in consultation with the late Dr. H. W. Curtiss, of Chagrin Falls. The patient, the wife of a well-to-do farmer, had symptoms of a very severe type, quite similar to those of patients having cholera morbus or sporadic cholera. Her condition was very critical—vomiting and purging, the rice-water discharges, blueness of the skin, glassy and fixed eyes, and the cold sweat, the precursor of approaching death. The usual cholera-remedies, such as arsenicum, camphor, veratrum, and others had failed. Finally, capsicum in appreciable doses was given, and the patient recovered.

In a very interesting case, an habituée of morphine, a society woman, had been accustomed for years to take hypodermic injections every three hours, a full syringe-ful of Magendie's solution. (Magendie's solution is composed of 16 grains of morphine in an ounce of water.) Capsicum bridged over the tremendous struggle and alleviated the tortures that always accompany efforts to be freed from the torments of this fascinating and alluring drug, so well described by De Quincey in "The Confessions of an Opium Eater." Her face, from the drug, became blotchy and pinched, her complexion yellow; but, in time, after being cured, the complexion became normal and her health was restored.

My experience with potassium bitartrate (cream of tartar) has been very satisfactory where the volume of urine has been lower than normal. In a patient, where the volume for twenty-four hours was less than eight ounces, after taking the preparation for four days, the volume increased to 40 ounces. Many patients have enjoyed this drink during their convalescence. It is healthful and a good substitute for lemonade or phosphates. This may be sweetened if so desired.

For chronic bronchitis a good remedy is terebene, even when the expectoration

is purulent. The dose is 2 or 3 grains or less of the pure liquid, in capsules, three times a day or less frequently. I have found it more beneficial than *rumex crispus* or balsam of Peru when these were indicated. I am a friend to terebene for bronchial catarrhs.

H. F. BIGGAR.

Cleveland, Ohio.

A WORD TO BEGINNERS, BY ONE OF THEM

I have been in the practice of medicine for ten years and as I am about to pass out of the beginner's class I thought I would give a lecture for those just entering the practice with no experience to guide them. I have no idea of burdening you with a long dissertation. I shall be brief and to the point, in fact, too brief.

About Locations.—In looking for a location, shun the one "without competition". It is a place not worth your time and trouble. The people will not have much confidence in an "out of the way" place; besides, the automobile has materially shortened the distance to the larger towns.

Furthermore, you need the spur of competition to stimulate you to further study and endeavor.

Prepare for Minor Surgery.—Before embarking upon the practice of medicine, you should, by all means, prepare to do minor surgery. Nothing detracts from your reputation so much as to refer small operations to another doctor, even though he be a surgeon. You should be prepared to amputate a finger, perform a curettage, remove a foreign body from the eye, do an intubation, relieve a distended bladder due to a strictured urethra. I have failed to do all these in my early days. Have confidence in yourself. You can remove a cyst, lance an abscess or tie a blood-vessel. A man with self-confidence will succeed where a brother more learned will fail for lack of that vitalizing virtue—and such it is.

Anent Consultations.—When in serious difficulty, do not turn to consultations. The majority of your nearby doctors will violate your confidence. Such has been my experience. Besides, whether the patient lives or dies, you lose, while the consultant gains. If the patient recovers, you get very little credit, and, if he dies, you receive more than your proper amount of blame—if

there is any room for any blame. Often the room or cause for blame is thought to exist, whether it does or not. Rather go to your books and study your case in the quiet sanctity of your own home or office. There you will, ten to one, receive better advice, and you will not jeopardize your reputation, therefore. The laity will think more of you if you do not seem to need consultation. Patients do not die as easily or as often, for a beginner, as you might imagine. They get well very much oftener than they die. As I look back over my ten years of practice, I view my requests for consultation as the most foolish and unprofitable things I did.

Keep Up to Date.—Do not be stingy in the matter of new books and magazines. Subscribe for a few medical journals. Buy some practical new books each year. Do not be afraid to use new remedies. Six years ago, I began to use bacterins, and that gave me such an advantage over my competitors that they had to take it up in self-defense. Those who did not are going "by the board."

Dispense Your Remedies.—For a beginner, there is nothing that would help you get practice more readily than dispensing your own remedies. It is not a difficult task, at all. It is easy, thanks to our pharmaceutical houses. You will have more office-work and you will make more money. You might as well refill your own prescriptions as for a pharmacist to do it. There is not a class of men more responsible for their own failures than are the doctors. No business man runs his business with less business-sense than the doctors do. They do the hard work, go out night and day, in all sorts of weather, shoulder all sorts of responsibilities and go through all sorts of experience—on credit. No wonder the doctors die poor. They deserve to. This is a business world and those who do not adapt themselves to its requirements will take the last place. The law of natural selection is no respecter of persons, not even of the doctors.

Treat the Chronic Sufferers.—Patients with chronic ailments are pretty generally neglected by the profession, except that portion known as quacks and charlatans. Most physicians can materially increase their income by ministering to such, to give relief, even without effecting a cure. Indeed, relief is all many of them look for. And it is all office-practice, this chronic

practice; no night drives, no gasoline, no automobile, no expense—and, moreover, it is cash.

Besides, if you are a beginner and have plenty of spare time, you can put that time to good advantage studying those cases. A work that is helpful in this line of work is one that treats of symptoms. I personally make as much money from office-practice (mostly chronics) as I do from general practice, and probably more. I must have averaged about \$800.00 a month cash for the past year, and this in a town of 500 souls in western Oklahoma—really a land of drouth. I neither advertise nor do any major surgery. To have a chronic sufferer come from a distance of 50 to 200 miles to consult with me, is a very common experience. I am now on the verge of starting a sanitarium for tuberculous patients. I did not choose this specialty, but, it is forced upon me. And, with what small library I have on tuberculosis, I am able to do as much for these unfortunates as any man in the matter of rest, fresh air, wholesome food, water-baths, sun-baths, and tuberculin.

In dealing with these chronic patients, I usually charge them a good fee for the whole treatment (often \$100.00) plus the cost of medicines used. You may, if you wish, charge so much a month. There is nothing unethical about that so long as you do not guarantee cures. A surgeon charges a lump sum for an operation. You may similarly charge for a course of treatment. Your services are worth as much as the surgeon's in many, many cases.

Hints on Chronic Therapy.—The large army of chronic sufferers testify to the ignorance of the profession in the matter of treating these patients. This ignorance is a source of profit to the quack and charlatan. My experience has been that a large portion of these patients, perhaps half of them or even more, suffer from focal infection. The seat of 75 percent of the cases of focal infection is above the diaphragm—in the gums, tonsils, accessory sinuses, and so on, in the remaining 25 percent, it is in the lower part of the anatomy—fallopian tubes, prostate gland, genito-urinary tract, and so on. Do not be misled by the learned diagnosis of other doctors, but, look for focal infection. I have cured patients labeled with "consumption", "diabetes", "cancer", "Bright's disease", "dyspepsia", "gallstones", "heart trouble",

and every other scary name by curing their pyorrhea or removing their tonsils.

Very many of these chronics have chronic appendicitis, colonic stasis, gall-bladder disease, stomach-ulcer, pus-tubes, pulmonary tuberculosis, rheumatism, sciatica, piles, dysentery, or other infection.

Give them relief. Patients do not care very much for diagnosis. Theory doesn't interest them. They demand practical relief. On numerous occasions, you will find a hypodermic injection of morphine to be a very potent agent in satisfying your patients and in enhancing your reputation. A patient suffering from dysmenorrhea, pleuritic pain, intestinal renal or hepatic colic, incessant severe cough or pain from any cause is your good friend if you will just slip a hypo beneath the skin.

Be independent, but, courteous. Be independent, but, courteous, especially to the female sex. Courtesy is a tremendous factor toward success. A very courteous medical tyro will succeed where a more learned confrère will fail for lack of "gush". The most popular doctor I have ever known was one who liked the kids and kept them up in chewing-gum and who had a pleasant smile for every woman and a hearty handshake for every man. However, be independent. Never give advice unless asked for it. It will not be appreciated. Human nature is such, and it does not pay to act the reformer.

In conclusion, I would admonish you to use your common sense. Do not be the last to take up a new idea nor the first to put it into practice. The practice of medicine depends for success upon the same principles that govern success in other trades and professions. There is no short cut nor secret road to success. It requires hard work, constant application, and fair dealing.

By all means, let whisky and women alone. If you must indulge, then go to a large city on a spree and do not return till you feel you can fast for, say, three months again before taking another debauch. Be very careful of your general appearance. Be neat and clean and do not dress as if money were a very scarce article with you.

Do not depend upon lodges and other social connections for practice, for, you will be disappointed should you expect much. Your own work or lack of it will be the determining factor in your success

or failure—other things being equal.

Refuse to countenance the giving of abortifacients. Those whom you accommodate will, in their own hearts, think less of you for it. It does not pay, even from a financial standpoint, to say nothing about the moral or ethical side.

Be merciful to the poor. Treat them with courtesy and deference, to which they are entitled the same as anyone else. If you are too small to do that, better for you to refuse to treat them at all. Success in life is not altogether or even largely a question of accumulation.

There are a great many other things I might mention, but, it is not necessary for me to do so. Your own judgment will come to your rescue. For two years, I have been wanting to write this short article, but, I have never felt competent; and, yet, there was always a sense or a feeling of having shirked a duty for not doing it. Now I feel better for having unloaded myself, and, if the result is not what it should be, please, overlook it, as I am a country doctor and make no literary or other claims beyond my immediate sphere of action.

M. SHADID.

Carter, Okla.

INCORPORATION OF THE NATIONAL COMMITTEE FOR THE PREVENTION OF BLINDNESS

We are informed, in "The News Letter" for February, that, on October 2, pursuant to a notice which had been sent more than thirty days previously, a quorum of members of the National Committee for the Prevention of Blindness met at headquarters, 130 East Twenty-second Street, New York City, and proceeded to take the necessary steps for the incorporation of the Committee. Application was made to the state department at Albany for a certificate of incorporation, which has been issued.

For the first three years of its life, the National Committee held the legal status of a voluntary association. The value of its work having been shown and its usefulness demonstrated, the future of the Committee is assured of greater permanency through its incorporation. With the Committee's growth in membership and in responsibility for leadership in the movement for conservation of vision, there comes demand for

larger resources to carry on its work, and now it is expected that large sums of money will be intrusted to its directors by bequests for the continuance of its beneficent service. Contributions may be sent to the address given above.

WHY "MAYO BROTHERS"?

May I not (to adopt that curious locution of President Wilson's) draw the attention of the medical profession of America—with a hope of opening their eyes—to the undignified and erroneous figure of speech that has fastened itself upon our people with regard to "the Mayo Brothers of Rochester, Minn."?

Why "Mayo Brothers"? Don't you see—every blessed one of you readers—the point, put before your eyes in this blunt way? The Brown Bros., gents' furnishings; the McCurdle Bros., horseshoers; the Anderson Bros., importers of herrings; [and, more pretentious] the Rockefeller Brothers, dealers in coal mines; the Mayo Brothers, cold-storage of appendixes and ovaries.

For heaven's sake; for the sake of your honored profession; for the sake of your alma mater and your alphabetic appendixes; for the sake of your self-respect; gentlemen, will you not resolve to put it in its decent, proper form:

the brothers Mayo, of Rochester, Minnesota.

Of course, if you have in mind an industrial copartnership, you will continue to write:

Mayo Brothers, Sawbones (Incorporated).

One can overlook such vulgarity in the unconsidered lingo of the street, but, it does not seem befitting in members of a learned profession.

ADOLF G. VOGELER.

Chicago, Ill.

FROM EARTHQUAKE-DESTROYED GUATEMALA.

We have been and still are passing through terrible times down here: On the 25th of December, the capital city of our country was destroyed by terrific earthquakes, and I was called down there to help. It was awful. Ruins everywhere, water-mains burst, and the water flowing in the middle of the streets, and women

were washing their dirty rags in this water while others gathered the same water for cooking-purposes; dead animals strewn around were covered with buzzards, who were doing their utmost to render the carcasses innocuous. The rich reduced to extreme poverty, with scarcely the sufficient clothing necessary to cover them, and many of the poor improving the opportunity to steal from the ruined homes. Everybody living in improvised tents, made from curtains, pieces of carpets, boards, and so forth; the city in darkness, and the earthquakes shaking down pieces of wall, bricks, and so forth, on those who were obliged to pass along the choked streets, killing numbers.

The night of the 3d of January, while I was sound asleep in a room, worn out from excessive work, there was a tremendous shock at 11 o'clock, throwing me from bed and almost grinding to powder the room where I was staying; fortunately the roof did not fall. These shakes continue with increasing severity, accompanied by terrible subterranean noises, the earth rising and falling, and the movements almost of hurricane velocity. The earth in many places has been opened in large fissures and at times gaseous smoke issues from these crevices.

Many other towns also have been destroyed, and half of the inhabitants of the republic are living in tents, shacks, and so forth, being afraid that their houses will fall.

As soon as possible, active work was begun in the ruined city, restoring hygienic conditions, cleaning up the ruins, and vaccinating everybody against smallpox and typhoid fever, this being made obligatory by government order.

The general cemetery and the old cholera-victim cemetery were so badly ruined, bones and dead bodies being piled up everywhere, that it was necessary to incinerate the whole thing.

We are in the midst of a severe smallpox epidemic and are, therefore, very busy. I use, with success, a mixture of pilocarpine nitrate, defervescent compound, and calcium sulphide, which I have found to be specific in its effect.

The president of the Republic has taken upon himself the distribution of food, clothing, and so forth, to the people, and has been working day and night. In this, as in many other ways, he has attracted

the hearts of all to himself and shown his great nobility of character.

American marines, from the cruiser *Cincinnati*, reached the ruined city with medicines and supplies, especially vaccines which were thankfully received. The American Red Cross and the Rockefeller Foundation, represented by Dr. A. M. Struse, in Guatemala City, have furnished large supplies of vaccines and medicines and established hospital tents, as well as doing many other necessary things.

The American government and people have proven their friendship for this country, and without their help there would be fearful conditions, which we could not adequately meet. Tents and wooden houses by the thousands have also been sent from the United States. This has been a practical lesson to all and praises of the Americans are in everybody's mouth.

There are signs of volcanic activity, also, and we do not know how this will all end. Many people have died from shock, and some are temporarily unbalanced mentally.

CARLOS F. SECORD.

Chichicastenango, Guatemala, C. A.

[Who is not reminded, in these strenuous and terrible days, of the Scriptures, Matth. 24,6 and following: "And ye shall hear of wars and rumors of wars; see that ye be not troubled; for, all these things must come to pass; but, the end is not yet:

"For, nation shall rise against nation and kingdom against kingdom; and there shall be famines, and pestilences, and earthquakes in diverse places. . . .

"For, then shall be great tribulation, such as was not since the beginning of the world to this time, no, nor ever shall be."

Truly, we live in serious times and it behooves us all to aid, to the fullest of our power, those of our brothers who are in greater stress than are we ourselves. Doctor Secord will be grateful, in behalf of his afflicted charges, for any help that can be extended to him. Letters may be addressed to him direct or, we shall be glad to transmit any contributions that may be sent to us for the purpose.—Ed.]

VOMITING OF PREGNANCY

Your editorial entitled "Vomiting of Pregnancy" wins a renewal. Enclosed find check for \$2.00. And the "morning vomit-

ing that assailed the husband" was the climax that cinched the winning.

During my last year at Tulane, my roommate and bed-fellow decided he needed a calomel-purge. Over my protest, he took several grains on retiring. Result: that I had to crawl out next morning before it was time. It had no effect on him. And the dampfool to this day doesn't understand it. "There are stranger things. Horatio, than were ever dreamed of in your philosophy."

OLIVER O'BAR.

St. Louis, Mo.

[We can stand for "vomiting of pregnancy"—in the husband; but, getting a calomel effect by proxy—we pass.—Ed.]

WHERE SHALL I HANG MY HAT?

One tree can not produce all the apples needed to supply the world; neither can one magazine carry good articles to all the readers in the country. Not exactly wishing to be guilty of plagiarism, I give *The American Magazine* credit for the nucleus of what I am about to say.

It all hinges on an excellent article in that magazine about the brothers Mayo, of Rochester, Minnesota, their clinic, and the organization they have built up about themselves in that little out-of-the-way Middle-West town. It tells how those two famous men were raised, went to school, studied medicine, and came right back home to practice.

The editor of the magazine admonishes us, right at the beginning of the article, thus: "Your postoffice address is the least important thing in this world to you." And, judging from appearances, he is right.

Where do you hang your hat? New York? Chicago? St. Louis? San Francisco?—Good!

John D. Rockefeller hung his hat in Cleveland when it was little more than a village, and you all know the rest.

William McKinley hung his hat in a modest home in the little inland town of Canton, Ohio, and he became President.

Elbert Hubbard hung his in the little "two by four" town of East Aurora, New York, established a printery, with some side shows attached, called his outfit the Roycrofters—and he made good.

Wilbur and Orville Wright hung their hats in Dayton, Ohio, solved the problem

of aerial flight, and became world-renowned.

And so one might go on, finding many others comparing well with the aforementioned, and including the two Rochester surgeons.

Many young men will be starting their life's journey this spring, freshly equipped with a college-degree and a diploma.

They will all be asking themselves, "Where shall I hang my hat?"

Don't let this worry you; keep right on hanging your hat where you are, or, if you must change, just hang it any old place. Follow the example of the Mayos, the Rockefellers, and the rest, and become successful. It, surely, is as the editor of *The American Magazine* says, your postoffice address has nothing to do with it.

F. N. RICHARDSON.

Cleveland, Ohio.

[Here is a splendid opportunity for a long editorial. Only, we are not going to write it, for fear of spoiling the effect of Doctor Richardson's wonderful little preachment. To the young men—and the older ones, too—we will just say: "Go to it, and stick to it.—Ed.]

THE HARRISON ANTINARCOTIC LAW AND THE DOCTOR

Just a few words from one of your CLINICAL MEDICINE "family," which you invite, on Dr. H. Sampson's view as to amending it and "piling up unproductive labor." It is true that the law is quite cumbersome enough. The doctor is bamboozled at both ends of it. The legal fist on one end and pestering, cunning, sly—true and pseudo patients on the other. He is between the devil and the deep sea: twixt Scylla and Charybdis. The honest doctor should be so situated in this regard that he will have clear sailing and easy swing. This can not be unless all concerned act in good faith, with altruistic ethics. And, as contemplated in the law, mean business. I mean business a-goin' and a-comin'. But—honest business.

The doctor should not be stultified, intimidated, nor enslaved to layman dogma. This latter may not say: you doctors must have your license, be numbered, and pay your tax for it, and then you may dispense morphine and other narcotics in your practice; and then turn around and say, "But,

you shall not use more than about a dram a month, as that is about all the average doctor in average practice ordinarily will use, without throwing yourself open to suspicion, surveillance, and prosecution. Who's the Doctor? The layman or the physician? Let us concede that the aim of these two is identical—control.

In the humble opinion of the writer, Dr. H. Sampson and the amendment are absolutely right. But, they do not minutely go far enough to control. Addicts come in and demand treatment of the doctor, as, within the law, a true addict has a right to do. As much a right as a woman enceinte and falling in labor has a legal right to do. Of course, a doctor with equal legal right may decline either case.

The doctor should make an immediate written record of the addict's application, being particular to get the true name, residence, location. Also, facts as to any other time of treatment, by a doctor or institutional.

Here is a compact of agreement: "Entering treatment in good faith for a cure. Will use no morphine or other drug except that supplied as agreed with the doctor. Will not give away nor sell any. Will be truthful in reports and other data the doctor may choose to stipulate. This to be signed by the patient.

These names to be sent in by the doctors all over the State to the proper central legal office, together with the amounts of morphine or other drug their each patient is using. These names, residences, amounts of drug, and names of physicians whose patients they are should be alphabetically listed often enough, but, not less than once a month to every physician in the state. Then, when an addict comes in, the doctor will look at the list and know immediately whose patient it is and amount and kind of drug used by him. Then he can talk from facts. He will have the cinch and the whip.

It is the only way he may know instantly as to these strangers, many, perhaps most of them, pseudo. The applicant could be forced back to his own doctor from whom he is trying to escape to "pull the leg" of another. Or be held up in treatment by these two acting legally in conjunction, and, if giving a false name or other obliquity, be turned over for proper care or punishment. Probably punishment—and without any maudlin sentimentality about addicts' irresponsibility and, hence, immunity. If

floating about and found to be not acting in good faith with any doctor, be compelled to go to a state institution for proper treatment.

This is a candid, wide-open, and above-board policy, but, it is the aim and right and righteous aim of the State. The states are their people. And the State has a right to know its every molecule or, if you please, every ion. Control is refuted without it.

H. L. GREEN.

Quincy, Ill.

"WHAT SHOULD THE DOCTOR DO?"

Permit me a word with reference to the subject under the above title on page 154 of the February CLINIC. The doctor, by all that is right, honorable, and holy, should do his duty, should tell all of the facts. His conscience had told him what to do before he asked the question; this is why he asked it in the first place.

In the name of honor, duty, and truth, he should do all in his power to protect his own race from contamination with an inferior race.

The old Negro grandfather acted on this principle, when he informed the Doctor of the facts.

Yes, I am a Southerner, but, I wish to say here that this is not an argument on the "race question", that we, in the South, do not have a feeling of "race prejudice" toward the Negro; but, we do have a feeling of race superiority. Therefore, do not accuse me of race prejudice when I repeat that the doctor should protect his, the white, race from contamination with the Negro, an inferior race.

Let the Doctor, and each reader, take it to himself. If his daughter were about to marry this young Negro, believing him to be all white, would not he, and each one of you parents, tell his daughter? Yes, a thousand times, yes. Then let the Doctor do to all of, and for all of, the daughters of the white race what he would do for his own daughter.

By silence—a criminal silence—would he allow his daughter or any other white man's daughter to marry this young Negro and become the mother of children showing the flat nose, thick lip, and kinky hair of the Negro. No, a thousand times, no. So let the Doctor treat his brother white-man's daughter as he would treat his own. Let him get another letter from the old Negro

and keep it as a proof, and then let him tell it, so far as possible, to all of the white race.

C. W. HUNT.

Brevard, N. C.

THE BANNER BETSY MADE*

BY THOS. C. HARBAUGH

*We have nicknamed it "Old Glory"
As it floats upon the breeze,
Rich in legend, song and story
On the land and on the seas;
Far above the shining river,
Over mountain, gorge and glade,
With a fame that lives forever
Floats the banner Betsy made.*

*Once it went from her—its maker,
To the glory of the wars,
Once the modest little Quaker
Defly studded it with stars;
And her fingers swiftly flying
Through the sunshine and the shade
Welded colors bright, undying,
In the banner Betsy made.*

*When at last her needle rested
And her cherished task was done,
Went the banner, love-invested,
To the camps of Washington;
And the glorious Continentals—
In the morning light arrayed,
Stood in ragged regimentals
'Neath the banner Betsy made.*

*How they cheered it and its maker,
They, the gallant sons of Mars;
How they blessed the little Quaker
And her flag of stripes and stars.
'Neath its folds, the foeman scorned,
Glinted bayonet and blade,
And the breezes of the morning
Kissed the banner Betsy made.*

*A protector all have found it,
And beneath it stands no slave;
Freeman brave have died around it
On the land and on the wave;
In the foremost front of battle,
Borne by heroes unafraid,
'Mid the cannon's loud death rattle
Soared the banner Betsy made.*

*Years have passed, but still in glory
With a pride we love to see,
Laureled with a Nation's story,
Waves the emblem of the free;
From the rugged pines of Northland
To the deepening Everglade*

*The first American flag was made by Mrs. Betsy Ross, a Quaker lady of Philadelphia.

*In the sunny heart of Southland
Floats the banner Betsy made.
Now she sleeps, whose fingers flying
With a heart to Freedom true,
Mingled colors bright, undying,
Fashioned stars on field of blue;
It will lack for no defender
When the foreign foes invade,
For our Nation rose to splendor
'Neath the banner Betsy made.*

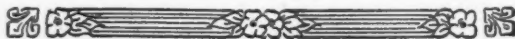
WE ARE HUMAN

I must tell you that I read *THE CLINIC* from cover to cover, and, while fully enjoying it, I also profit by it, not alone intellectually, but, financially as well. I like your journal, because you are human and seem to *speak* to me, not merely about medicine, but, touch upon other things quite as necessary and as useful to me, as a general practitioner. Keep a-sending it, and don't dare let me miss it at any time. Good luck to you and may your tribe ever increase!

WILLIAM CRAPPLE.

Chicago, Ill.

[That is just what we want to be—human. We, that is, the "family", are not physicians, alone; we are also men and women, citizens, members of families; in short, we are human and by no means superior or inferior to human feeling, sensations, desires. So, a *practical* medical journal, one that aims to be a real friend of the doctor, that wants to get under his skin, as the saying goes, has to extend its influence beyond the merely professional phase of the doctor's life. It must touch upon his personal life, upon his inner and deeper thoughts and aspirations. Some of the purely "human" discussions that have appeared in these pages have, we truly believe, helped much to make some of us better men and women and, therefore, better doctors. Only, we don't want to be teachers in a restricted sense. We don't want to be little tin gods on little pedestals. We want to be just fellowmen, talking *with* you rather than *to* you or *at* you. So, you must "come back." You must do *some* of the talking. On medical subjects, first of all. But, other topics of general interest are not barred. Let us hear from you.—Ed.]



In the World War

FROM CAMP TRAVIS, TEXAS

After four months of service as surgeon in the National Army, I see myself all changed. My actions, methods, temper, and very thoughts make me a new man. Physically, I am ten years younger than was the recruit of last October that formed the foundation upon which to build me. With 25 pounds more of muscle now than then, I have power and endurance surprising to myself. When I came here, I saw things the world never saw before and which probably it will never be necessary for us to see again. At first, I "rubbered" at the situation, at times, I felt stupefied as if in a dream. As the days went rapidly by, this feeling of "where am I and what am I doing?" was dispelled. There were no doubts nor dreams. I had been torn from civil life and thrust into the largest military center and "soldier-factories" in America at an extraordinary time, soon to be rebuilt. Then I found myself launched into the whirlpool of business activity. I had become part of the big war-machine. No longer the trample of five thousand soldiers (not unlike the muffled exhaust of a powerful engine) on the hard pike-roads of Camp Travis would cause me even to "drop a stitch" or turn my head. No longer does the whirr of nine or a dozen air-machines, a mile or so over my head, cause more curiosity than did the sweet breeze at home, rustling among the shrubbery. Why? I am amalgamated with and a part of it all.

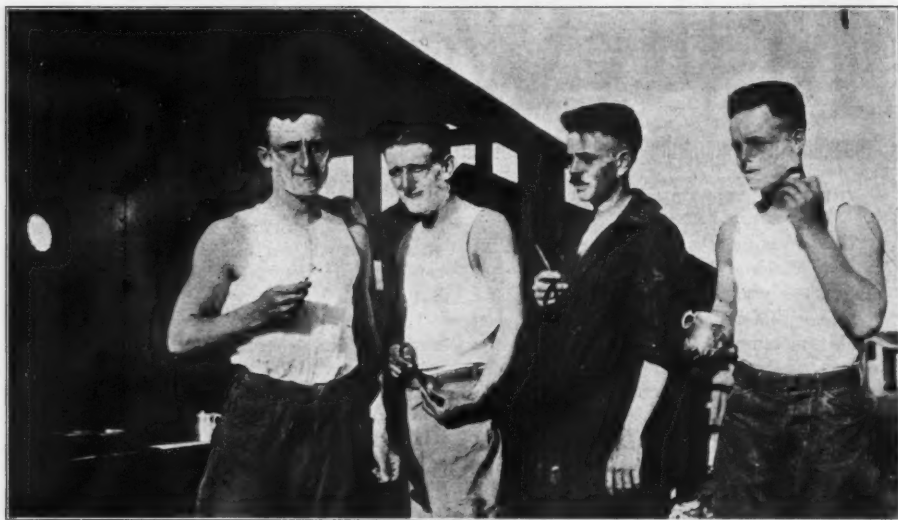
We are going to win, and I will try to tell you why I think it. Our minds are not on democracy, liberty or bondage. Neither on life and death. We are at *work*—that's all. Intensely occupied! Our material is flexible, pliable, malleable, ductile, temperable, and everything else needful for making real soldiers, and that in the least possible time. Our machine works like magic. In the course of one year, the United States will have the biggest, the best, the best-paid, and the most efficient army

that ever has existed and probably will ever be in the world again. This army will conquer the world for liberty. Liberty will be complete. If not, the price we are paying is too dear.

I will relate an extreme case illustrating how soldiers are made at this big "factory." It reminds me of the "butterfly" story so well known to all kindergarten-teachers and their pupils. One Adam Thomas, nearly a fullblood Indian, came to us in a drafted bunch from Oklahoma. Poor Adam! A physical giant, but a mighty poor fighting man! As he saw it (hoping and praying that he was right), the Government had made a mistake in drafting him, and he had, assuredly, missed his calling. During the first ten days, he was sick, from the crown of his head to the end of the great toe, with everything, from epilepsy and insanity to fractured ribs and rheumatism. He was willing to have "just any old thing," but, was not a first-class malingerer. When his mind would run back to little squaw number one or to some of his other choice damsels, he would give way to the most violent sobbings of grief.

By and by, though, as our Adam got acquainted with the boys and his new life and business, he began to gain ground. Three weeks later, while on inspection duty, I entered the barracks where he stayed. The first man to jump to his feet and yell "Attention" was Adam. There he stood as stiff as a post. His face was glowing with joy. Today, he is a first class soldier, except when he gets too "fresh" and has to do extra "K-P" for a week. (K-P stands for kitchen-police and means that they have to wait on the table and clean up). This is great punishment for minor offences and with some of the boys this is just one degree less than being shot at sunrise.

We quickly learn to accomplish things that once seemed impossible. How many doctors who read this have ever tried to examine one thousand men for the detection of gonorrhea and "crabs" in three hours' time? You will have to inspect one



At Camp Travis. Cleaning-up Time.

about every ten seconds! The first time you try it, you will not give efficient service. This army is inspected twice each month for genitourinary diseases, and any man in the service who contracts gonorrhea or syphilis without having used a prophylactic according to regulations, and without leaving a prophylaxis-record to show (on Form 77), is subject to court-martial. This serves two purposes: it protects the government against paying a worthless man (for, they usually stop his pay) and also places the offender's name before his associates as being unclean.

This infirmary (which is a field hospital) serves four battalions (4,000 men). During the month of January, we had 31 "Form 77s" filled out. This appears to me like a good record for 4,000 men who are in walking distance of a city that the government inspector has pronounced "extraordinary" for vice. Of these 31 men, one man's name appeared five times. If the men who took it in turns at the rate of one man per day, each one would enjoy the luxury (?) of one intercourse in fifteen days less time than once in ten years. How do your high standards of civil life compare with that! This army is a camp of gentlemen. If not gentlemen when they come, the habit is soon acquired.

When we get an allotment of new men, they are subjected to a careful examination,

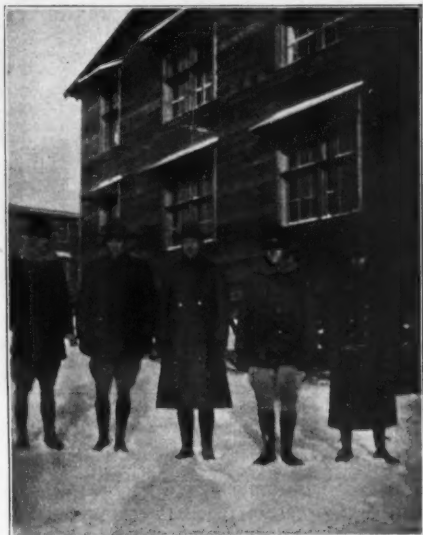
without fear or favor. If beyond repair, they are rejected. If accepted, then we go to work. The dentist removes all useless teeth, the mouth is cleaned, and kept clean. And so on down to the last toe on his feet. He is trimmed up and polished, and forced to remain polished. Our men don't want to mix with new recruits until they have had several baths. Their knowledge was gained from actual experience, and they know that these men are tainted. They don't want to eat or sleep close to them until these newlings have learnt their lessons.

I want to tell the sweethearts that are left behind by these boys, if any girl is so fortunate as to have strings on one of them, to cling to him with "cake and candy" and things, for, he is worth your while, your waiting, your prayers, your love. Your love not only will be returned to you a patriotic gentleman, but, a physical, mental, and moral giant. The slacker who now looks you in the eye will not then be in his class. Do not think the young man that you have dared to love will lose his chastity here. This army contains approximately 80 percent less genitourinary diseases than does the same number of young men in civil life; and these are rapidly being eliminated.

We have something like 200 kitchens, each to feed (at full strength) 250 men.

There is not a pan or tool in use therein which would not be fit for use in the White House, at Washington. The barracks are all just as well kept, and the soldiers who stay there are clean and full of personal pride.

Should this war terminate today and the soldiers return to their homes, the money it has cost to give them this training has been well spent by the government. Our soldiers today represent the finest body of men in



In The Snow At Camp Travis, Texas.

the world. To them, every American citizen should look with pride.

Now, let's "about face" and look through the other end of the telescope. One of the greatest faults attributed to the army doctor by the nation is, to minimize our inefficiency and magnify our ability to adjust the American citizen to any sort of conditions on a moment's notice. By "looking backward" with good judgment, we only can draw on the imagination as to the fierceness and the length of the present conflict. Therefore, if the unexpected does not happen, your flag may need your services. Should such be the case and you are not patriotic or want to join the service for the purpose of making money or gaining experience, it is best that you stay where you are. We do not practice medicine here in army infirmaries, but, we conduct a big

repair-shop. You would only be a piece of the equipment. That is the only way to get anywhere.

Your skill as a bedside clinician who can accurately fit remedies to disease-expressions is practically worthless in the infirmary. The tools furnished by the War Department are used. If the patient needs a purgative, you don't have forty kinds from which to choose to satisfy your pet ideas of correct therapeutics. The good Eclectic would begin to think of chionanthus, leptandrin, podophyllin, colocynth, and so forth. Nothing doing. Your cholagog, hydragog, pancreatic stimulant, and so on, is covered in full, by calomel, aloin, magnesium sulphate, and castor-oil. Fortunately, these drugs meet every requirement, mainly because this army is composed of physically well men, who don't need finespun differential therapeutics. Base hospitals are very well equipped.

As yet, this army is not devoid of the new officer, with shining insignia and a superabundance of authority. Pretty soon a man of this stripe sees himself as others do and gets down to a safe working-basis. The same may be said of those who come with a mild disposition—they gain poise and get to the level of usefulness.

With a very carefully guarded opinion, I believe the American nation has not started to realize the seriousness of the task now laid at its feet.

Lt. T. H. STANDLEE,
M. R. C., N. A.

San Antonio, Tex.

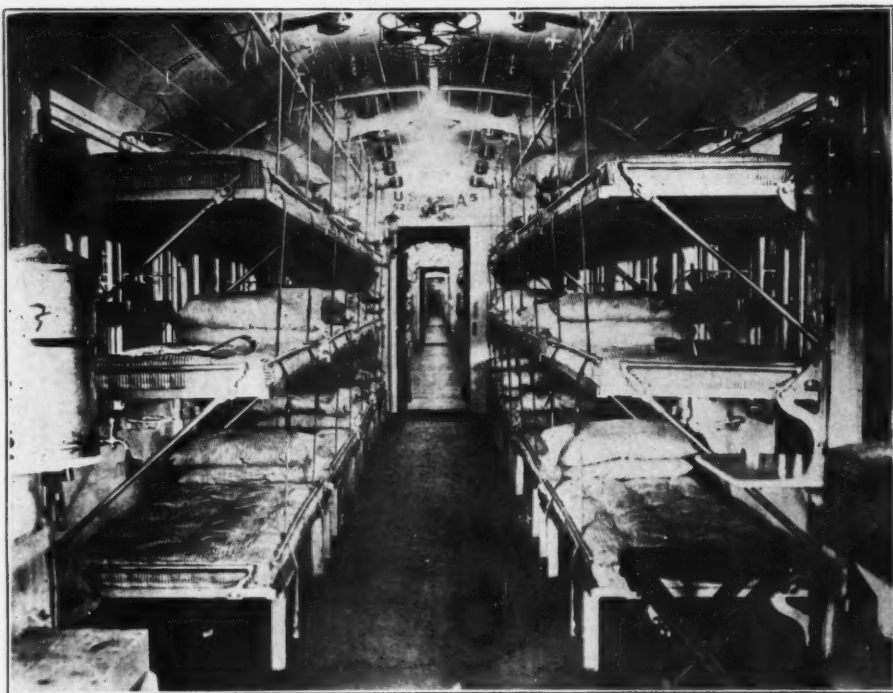
JOIN OUR OVER-SEAS FUND

Announcement was made recently that a part of the subscription receipts of THE AMERICAN JOURNAL OF CLINICAL MEDICINE for February would be applied to a fund for the relief and comfort of medical officers abroad.

This announcement stirred up some interest, but, not nearly enough, in fact, we were somewhat disappointed in the lack of response from our readers.

We have already shipped to several medical officers in France an assortment of American-made cigars, cigarettes, and pipe-tobacco. These for the doctors themselves, if they enjoy a smoke, or else for distribution to their patients, if they prefer.

We now make a further announcement of this "Over-Seas Fund", believing that



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British built Ambulance Train for The American Expeditionary Force.

many of our readers may wish to send a dollar, two dollars or five and thus have a share in this work. We are not aware of any similar fund for medical officers. The names of contributors to the Fund will appear from month to month in *CLINICAL MEDICINE*, together with a report of packages sent abroad.

Contributions and suggestions will be gladly received and promptly acknowledged. "Kick in", brother.

EYE-DEFECTS AMONG DRAFTED MEN

In the December number of the *Monthly Bulletin of the New York State Department of Health*, Dr. Frank Overton, Sanitary Supervisor, gives a noteworthy article on defects among drafted men. In the second district of Suffolk County, 1,200 men were examined in seven days. Defective sight was found in 3.08 percent of those rejected, and, from general statistics, it is safe to assume that a very small percentage

knew of these defects, and it is very probably likewise true that a large proportion of these defects might have been prevented, corrected or cured had proper attention been given in time. Now is the opportunity to apply this lesson to the rising generation.

THE VOLUNTEER MEDICAL-SERVICE CORPS

The Council of National Defense recently issued the following statement:

For the purpose of completing the mobilization of the entire medical and surgical resources of the country, the Council of National Defense has authorized and directed the organization of a "Volunteer Medical Service Corps," which is aimed to enlist in the general war-winning program all reputable physicians and surgeons who are not eligible to membership in the Medical Officers' Reserve Corps.

It has been recognized always that the medical profession is made up of men whose patriotism is unquestioned and who

are eager to serve their country in every way. Slight physical infirmities or the fact that one is beyond the age-limit, fifty-five years, or the fact that one is needed for essential public or institutional service, while precluding active work in camp or field or hospital in the war zone, should not prevent these patriotic physicians from close relation with governmental needs now.

It was in Philadelphia that the idea of such an organization was first put forward, Dr. William Duffield Robinson having initiated the movement resulting in the formation, last summer, of the Senior Military Medical Association, with Dr. W. W. Keen as president and 271 members.

Through the Committee on States Activities of the General Medical Board, the matter of forming a nation-wide organization was taken up last October in Chicago at a meeting attended by delegates from forty-six states and the District of Columbia. This Committee, of which Dr. Edward Martin and Dr. John D. McLean—both Philadelphians—are respectively chairman and secretary, unanimously endorsed the project. A smaller committee, with Dr. Edward P. Davis, of Philadelphia, as chairman, was appointed to draft conditions of membership, the General Medical Board unanimously endorsed the Committee's report, the Executive Committee—including Surgeons-General Gorgas of the Army, Braisted of the Navy, and Blue of the Public Health Service—heartily approved and passed it to the Council of National Defense for final action, and the machinery of the new body has been started by the sending of a letter to the state- and county committees, urging interest and the enrollment of eligible physicians.

It is intended that this new corps shall be an instrument able directly to meet such civil and military needs as are not already provided for. The General Medical Board holds it as axiomatic that the health of the people at home must be maintained as efficiently as in times of peace. The medical service in hospitals, medical colleges and laboratories must be up to standard; the demands incident to examination of drafted soldiers, including the reclamation of men rejected because of comparatively slight physical defects; the need of conserving the health of the families and dependents of enlisted men and the preservation of sanitary conditions—all these

needs must be fully met in time of war as in time of peace.

In fact, and in view of the prospective losses in men with which every community is confronted, the General Medical Board believes that the needs at home should be even better met now than ever. The carrying of this double burden will fall heavily upon the physicians, but, the medical fraternity is confident that it will acquit itself fully in this regard, its members accepting the tremendous responsibility in the highest spirit of patriotism. It will mean, doubtless, that much service must be gratuitous, but, the medical men can be relied upon to do their share of giving freely, and it is certain that inability to pay a fee will never deprive the needy of attention required.

It is proposed that the services rendered by the Volunteer Medical Service Corps shall be in response to a request from the Surgeons-General of the Army, Navy, Public-Health Service or other duly authorized departments or associations, the general administration of the corps to be vested in a central governing board, which is to be a committee of the General Medical Board of the Council of National Defense. The state committee of the medical section constitutes the governing board in each state.

Conditions of membership are not onerous and are such as any qualified practitioner can readily meet. It is proposed that physicians intending to join shall apply by letter to the Secretary of the Central Governing Board, who will send the applicant a printed form, the filling out of which will permit ready classification according to training and experience. The names and data of applicants will be submitted to an Executive Committee of the State Governing Board, and the final acceptance to membership will be by the national governing body. An appropriate button or badge is to be adopted as official insignium.

The General Medical Board of the Council of National Defense is confident that there will be ready response from the physicians of the country. The Executive Committee of the General Medical Board comprises: Dr. Franklin Martin, chairman; Dr. F. F. Simpson, vice-chairman; Dr. William F. Snow, secretary; Surgeon-General Gorgas, U. S. A.; Surgeon-General Braisted, U. S. Navy; Surgeon-General Rupert Blue, Public Health Service; Dr. Cary T. Grayson; Dr. Charles H. Mayo; Dr. Victor C. Vaughan; Dr. William H. Welch.

Just Among Friends

A DEPARTMENT OF GOOD MEDICINE AND GOOD CHEER FOR THE WAYFARING DOCTOR

Conducted by GEORGE F. BUTLER, A. M., M. D.

[Continued from March issue, page 244.]

The trouble with the radical telepathists is, however, that they think that, because some diseases can be cured by pure thought, all diseases can be; not taking into consideration the fact that the stronger diseases require stronger means, and, not understanding that a medicine is as truly a concentration of thought as is their mental suggestion, and, if properly adapted to its use, a more powerful one than theirs. It certainly requires intelligence and concentration of thought to produce a right medicine. And moreover, these telepathists leave out the fact that this concentration of the physician actually enters the patient's system, while their concentration does not reach him at all. It is the patient's own thought, not any specific thought of the telepathist that works on him.

In view of all this, there is no choice but for us to believe that, while telepathy, so called, is, indeed, a power, that power is of one's own self, not of another; is received, not given; and, while it really does consist of a thought-message between two bodies, it is the recipient's thought that goes out toward the healer and returns to him. His thought of confidence, of trust, that something is being done for him by a skilful person, is the beginning of his cure, unless it be a misplaced confidence and trust. If his case needs a more strongly concentrated thought than can be accomplished without material means, that is, without medicine, medicine he must have or die.

Some telepathists base their operations on analogy. They say that, since disease can be communicated by one to another, why can not health? And there is very good reason in that view, only it should not be carried too far. It should not be carried so far as to claim that they can communicate

health to a man by projecting their thoughts into his mind without any material means, for, then the analogy does not hold good. As it requires material connection between two bodies, in order for disease to pass from the one to the other, such as bodily contact, or spittle, or a letter, or clothing, et cetera, so it must be with health, if we purpose to carry out the analogy and claim that health can be communicated at all as disease is. It was the failure to recognize this logical conclusion that gave rise to witchcraft in the older days, then, later, to Mesmerism, and still later, to hypnotism; while now, in our own time, this same failure to recognize the necessity of the material takes form as telepathy or Christian Science.

Telepathy, in the sense in which it is usually viewed, is, in short, only another form of witchcraft or mesmerism or hypnotism, has the same basis for its existence that they had, and not any stronger basis than they had. Therefore, in the sense in which telepathy is usually regarded it does not exist at all, any more than the former did.

The possibility of putting a person to sleep by pressure on certain parts of the body or by fixing his attention on a bright object, et cetera, is admitted, but, the inoculation of one's mind with a specific thought by another is impossible. We see many exhibitions of this nature, but—we also see the tricks of jugglers!

Still, there is no smoke without fire. That is an old saying, and a true one, though not enough attention is given to the fact that the fire may exist solely in the mind of the person who raises the smoke about it, and not in the other fellow's. The telepathist certainly believes he has reasons for supposing that he can cast his thought into another's mind, and this is one of them, in illustration:

Take the operation of wireless telegraphy as an analogy. Here is an instrument

¹Haliburton says: "Cheerfulness is health; its opposite, melancholy, is disease."

throwing out waves into space, and there is another instrument hundreds of miles away which receives those waves and interprets them in the terms of the sender. The telepathist says: "There is an illustration of the way in which I can send my thoughts into the mind of another. Without any material connection between these two telegraph instruments, messages pass from the one to the other; and in the same way my thought passes from me to my patient."

But, what are those waves but a material connection? The cosmic ether which forms those waves, and through which they travel, and without which they could not travel or even exist, are as truly the material means as wires are in ordinary telegraphy. They are as truly the means by which a wireless message reaches its destination as books or lectures or acts are means, or as drugs are the means by which a physician's message reaches his patient. The ether is, indeed, only another form of wire. And both the ether and the wire are, in the last analysis, concentrated or condensed thought; the ether being so slightly condensed as to be invisible, while the wire is thought so strongly concentrated as to be visible. Thought is, in both cases, as it is in the case of the telepathist, the sender of the message; and the means by which the message is transmitted is also thought; but, thought so strongly concentrated as to form something tangible, at least as tangible as ether, which stands in the physical world, the world of science, as the line of demarcation between spirit and matter.

In telepathy, it is supposed that the healer and the patient bear a relation to each other analogous to that of the telegraphic instruments. But, the fact of the material connection is overlooked. No man can, without the aid of external means, concentrate his thought so strongly as to produce anything as material as the ether, and something as material as what we must have in order to communicate with another. By the aid of wood and saw and plane and hammer, we can concentrate our thoughts, our intelligence, into the visible shape of a table; by the aid of reading and example and drugs, we can concentrate our thought into a shape as tangible as a pill. And this table and this pill are the means—are the ether-waves or the wires, so to say—which form the connection between our intelli-

gence and that of others. They are the *expressions* of thought, not thought pure and simple, not thought volatile, and it is only through expression that any communication between bodies is possible. An ether-wave may spread widely through space, a table may carry its message of use for many years, and a pill can be the means of introducing health in place of disease. But, the thought which is the cause of these expressions can flow only by means of them.

The basis of the telepathist's belief, that he can cast his thought into another's mind, without using material means, therefore, so far as the wireless telegraphy system is considered an analogy, is fallacious; for, the telepathist lacks one of the factors involved in telegraphy, namely, the material connection between the two bodies. The fire from which this smoke of mental suggestion rises is, in fact, existent solely in the mind of the telepathist. We mean the telepathist as he is generally regarded.

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There is, indeed, a real telepathy, a true thought-suggestion, and this we will now consider.

Immediately upon our attention being called to the fact that radiation is a law of every visible thing, we see that it is so. The sun radiates heat and light; a flower radiates those ether-waves which we call perfume and color; a chair radiates rest, if we may say so; a clock radiates the time, and a book, ideas or facts. We mean that, in the large sense, every object has some use, and this use, this capability, it is always ready to call attention to by its very existence; so that, for want of a better word, we may borrow a term from the greatest of these objects, the sun, and say that as *it radiates* its use to man, so all objects radiate themselves.

It is the process of the wireless system working in all things. The instrument radiates its signs, and the instrument external to it that is pitched on the same key, and no other, can interpret those signs truly. Here is a clock keeping the correct time. It radiates that time for those who can read its signs, those who can tell the time by means of a clock, to interpret. We can not say, The clock suggests the time to us, it only radiates it for those to accept who can. That clock is a fact in the universe, and simply *is*. It does not *do* anything. Its very ticking is but an expression

of the force put into it by the person who wound it up. It is we who, if we have sufficient intelligence, do something by aid of it. We tell the time. So with a tree. Its bark, shape, foliage, and so forth, do not suggest to us that it is, for example, an oak. It is we who, if we have sufficient intelligence regarding trees, tell ourselves, by aid of its bark, shape, foliage, and so forth, that it is an oak. If our intelligence is not up to the mark in this matter, we do not name the tree properly—call it a maple, perhaps. And thus it is with all objects. They do not suggest to man, they radiate themselves for man to interpret, and he will interpret them more or less correctly, according to his own intelligence.

It is the same with man himself. What he really is radiates itself for other men to interpret, according to their several intelligences. The rank-and-file telepathists, having learned just enough of this law of radiation to read it wrongly—supposing that objects, men included, suggest themselves, instead of merely radiating themselves—believe that they can suggest a certain specific thought to others, as they believe a tree does or a clock does, without words. So, they try it on a sick man. And the sick man, mystified by their attitude, believing they possess an occult power that will heal him, feels strange sensations run up and down his spine, thinks queer thoughts, has a buzzing in his ears, and perhaps trembles and sweats, fancying all the time that it is the healer's occult power that is causing these things, when, in fact, it is his own intelligence, greater or less, that is working on him. Then he finds his thoughts changed in some respects, these change in a greater or less degree his habits, which have brought on his sickness, his trust in the healer's power lends him confidence and hope, which lead to harmonious bodily conditions. Or, perhaps, the disease runs itself out.

It is like the holy relics at Lourdes and other places. The reverent worshiper touches them, feels exalted and happy, goes his way, and is healed of his disease. But, we do not suppose the Saint's bone *does* anything to him. It is what he, by aid of that bone, does to himself that he is reaping the benefit of.

And this is the real mental suggestion. We suggest to ourselves certain thoughts

by the aid of such externals as we come in contact with, whether men or things. If these thoughts are harmonious, pleasant, comforting, we find them expressing, in our bodies, harmony, pleasure, comfort, in ratio to their strength.

No person or thing has any real power over us for good or for evil. If sometimes it seems otherwise, it is because we, by our attitude, have submitted to a power that does not exist outside our own minds. Like the bird, which, paralyzed by fright at the sight of its ancient enemy, the snake, forgets or is unable to use the wings that would save it, and drops to the ground an easy prey. And then the unscientific observer claims that a power shot from the snake's eyes and fascinated, hypnotized it. Or, on the other side, like the man who, full of trust in telepathy or in the telepathist, sends a message asking help, and, if his disease is not too deep-seated, is healed, whether the healer treats him or not.

It is our own thought, as expressed in fear, that hurts, and trust, that saves. *Our* fear and *our* trust, not another's, that does it, though we may need that other as a means to feeling the fear or the trust. Those ones of the burning martyrs who were full of trust died in ecstasy under the same conditions in which others felt the most horrible torture. So those among us, today, who have little trust find a great deal of misery and evil in the same circumstances which to others express happiness.

It must be seen that this essay is written for those who are not physicians and attempts to formulate and give reasons for the mental-healer's point of view; nevertheless, the argument is no less valuable for those who are physicians. The profession of medicine is as much a concentration of thought as that of the mental healer.

And the practicing doctor who, to the skill of his calling, adds the principle of telepathy, as here set forth, and is filled with love and confidence and supreme trust, who has steadfast faith in the inexorable justice and benevolence of the universal law, as well as confidence in his professional ability, possesses a twofold power. He sees that he can make no mistake, that he is a means in the hands of God, and the joy and strength of this knowledge will radiate from him to the increase of his practice, the efficacy of his treatments, and the suc-

cess outward and inward of his life. As his wisdom grows, as his aims acquire universality, he will find himself called, with growing frequency, to the cases to which he is best adapted, and in his profession, as in all his affairs, he will find harmony, strength, and usefulness in those very things which to others mean inharmony, weakness, and failure. This is the law. It is true in all professions. And it is evaded or ignored only at our own cost.

What a magnificent wisdom does the knowledge of these things open to us! It is, as Emerson says of it, "the doctrine of unspeakable comfort." It is not the *thing* that imparts, but, what we think of it, the use to which we put it. We have, each one of us, even the weakest, the power within, if only we will cultivate it, to build our own beautiful world, a power that will protect us from all inharmony, open our eyes to the splendor that lies even in the meanest things, and radiate itself to others, whether through medicine or other means, so that they, too, may, if they wish, employ it for the beautifying of their world.

To refuse to think evil; to make the best of today; to live superior to revenge; to be willing to extend the helping hand when possible; to work for wisdom and

love rather than for things alone; to forgive injuries, in the knowledge that, if we seem to have been injured, it is because we have dropped to the level of injury and invited it; to look always on the bright side and, if there is no bright side, *make* one out of whole cloth; to feel as much content as possible; to understand that things and persons are means and not causes, and treat them accordingly; in short, to fill our minds with as much content, and sunshine, and love as we can, and use every nameable external as a means of suggesting to ourselves these joy-bringing thoughts—this is the true telepathy, this is the true and only thought-suggestion, it is the only real power in the world, and it is our savior. For, when we have learned it and put it into practice, when we have, through study and experience, found, beyond all question, that to live beautiful lives is, not only to protect ourselves from all evil from others, but, is, at the same time, to be doing all we can for the happiness of humanity, our fears fall away from us, we become healthy, strong, courageous, and happy, and all the beauties of the universe lie visible.

This is the true telepathy, or thought-suggestion, and every person in the world has the ability, dormant or active within, to become an adept in it.

To live content with small means—to seek elegance rather than luxury, and refinement rather than fashion, to be worthy, not respectable, and wealthy, not rich—to study hard, think quietly, talk gently, act frankly, to listen to stars and birds, babes and sages, with open heart—to bear all cheerfully—do all bravely, await occasions—never hurry; in a word, to let the spiritual, unbidden and unconscious, grow up through the common. This is to be my symphony.

—W. E. Channing.

Among the Books

GARRISON: "HISTORY OF MEDICINE"

An Introduction to the History of Medicine: With Medical Chronology, Suggestions for Study, and Bibliographic Data. By Fielding H. Garrison, A. B., M. D. Second edition, revised and enlarged. Philadelphia: The W. B. Saunders Company. 1917. Price \$6.50.

The medical profession is fortunate in having closely associated with the Surgeon-General's Library at Washington a man endowed with such a genius for appreciating the broader spirit of medicine and for expounding the history, both of the craft and of the science, as the author of this book. While it claims to be only an introduction to the history of medicine and modestly presents suggestions for study, the presentation of the subject is of such a nature as to afford sufficiently complete information to all but those who make the history of medicine their special study. Deviating from the trend of other historical works, which were written, very often, from a preconceived and not entirely impartial point of view, the honest attempt has been made in this volume—and, we believe, successfully—to be fairminded, to present the merits of English medicine as English medicine, of German medicine as German medicine, of Frenchmen as Frenchmen, Russians as Russians, and Americans as Americans.

If, as the author declares, this volume was written with a definite literary intention, that of stimulating the physician and student to do his own thinking and research by interesting him in the subject at the start, it must be conceded that he has attained his purpose excellently. The history of medicine, which, in a way, constitutes the history of mankind, is outlined from the very beginning in such a manner as to arouse and keep alive the interest and concentration of the reader, and it is easy to trace, in the relation of Greek, Mohammedan, medieval, medicine, as well as of the other epochs, the origin and development

of opinions of practice that prevailed to within our memory and are being entertained to even this day. The author carries us to the very latest times, devoting several pages to a consideration of war-medicine as it is being developed at the present period. Thus, we read of trench-foot, trench-nephritis, gas-gangrene, as also of Carrel's antiseptic treatment of wounds, Dakin's sodium hypochlorite solution, Wright's hypotonic salt solution, and so on.

The general discussions and historical outlines are enlivened and made even more interesting by copious biographical notes relating to those men who are responsible for the development and improvement of medical practice. Through it all, it must be conceded, the author has been successful in his avowed aim to be fair and impartial. Garrison's "History of Medicine" is an unusually attractive treatise and is warmly recommended for the leisure-hour study of physicians.

"MEDICAL CLINICS OF NORTH AMERICA"

The third number of volume 1 of *The Medical Clinics of North America* is a New York number and contains contributions from 22 of the most important New York clinics. Among others, for instance, we find an article by Prof. Graham Lusk, on calories in common life. Dr. Max Einhorn writes on the diet in diseases of the kidneys; Dr. Warren Coleman, on the typhoid diet.

In an interesting paper on the treatment of lobar pneumonia, Dr. Rufus I. Cole questions the therapeutic value of local application to the chest of any kind, also the merits of strychnine or camphor as stimulants. He is convinced, however, of the decided advantage of employing digitalis in the early days of the disease, not, to produce immediate effects upon the heart, but, to put the patient into such a condition that later, if need arises, physiologic digitalis effects may be obtained quickly by the administration of small doses

by mouth. Doctor Cole places his main reliance upon treatment with the immune-horse-serum homologous to Type 1 in all cases in which this type of pneumococci stands in relation to the disease.

Besides these, other important papers in this number of *The Medical Clinics* might be mentioned; and, altogether, the subjects are presented in a bright, attractive and stimulating manner.

The Medical Clinics of North America is published bimonthly by The W. B. Saunders Company, at a subscription price of \$10.00 per annum.

JANEWAY: "RADIUM IN CANCER"

Radium Therapy in Cancer: At the Memorial Hospital New York. By Henry H. Janeway, M. D. With the Discussion of the Treatment of Cancer of the Bladder and Prostate Gland, by Benjamin S. Barringer, M. D. and an Introduction upon the Physics of Radium by Giochino Failla, E. E., A. M. New York: Paul B. Hoeber. 1917. Price \$2.25.

This little volume, the first report, covering the period 1915 to 1916, contains numerous case-reports dealing with the administration of radium and of radium-emanation in various forms of malignant disease, as administered at the Memorial Hospital of New York. The authors believe that the details regarding concentration of radium to the unit of surface, the exact nature of filtration, the exact periods of repeated applications, and the successive steps of the therapeutic result, which are important factors, may be clearly deduced from the reports. The book appeals to us as possessing distinct merit.

"THE NEUROLOGICAL BULLETIN."

A new medical journal has been launched, with the purpose of utilizing and making generally available the wealth of material that is to be found in the neurological department of the Vanderbilt Clinic. *The Neurological Bulletin of Columbia University*, of which the first number recently made its appearance, will be largely devoted to the presentation of cases selected from the weekly clinical conferences of the neurological department. An effort is to be made to present clinical reports fully and adequately, overcoming the difficulties, in this respect, that make for contrary condi-

tions in articles published in many of the other journals.

The first number of *The Neurological Bulletin* is, typographically, a pleasing pamphlet of 34 pages, beautiful as to paper and print—the publisher, Mr. Hoeber, has a habit of getting out beautiful journals—and attractive as to contents.

Some of the titles in this number are as follows: Recurrence of an Extramedullary Tumor After an Interval of Eight Years, by Adrian V. S. Lambert; Poliomyelitis, with Prolonged Somnolence, by Frederick Tilney; A Discussion of the Subject of Aphasia, with a Clinical Report of Three Cases, by Michael Osnato; A Case Presenting the Thalamic Syndrome, by P. S. Goodhart; Description of a Summary, and Diagnosis Blank, by O. S. Strong; A Case of Syringomyelia, with a Differential Diagnosis, by O. S. Strong; Autobiographic Account of a Case of Acromegaly, with Gigantism in the Family, by Morgan T. Craft.

The Neurological Bulletin, the editor-in-chief of which is Dr. Frederick Tilney, is published monthly by Paul B. Hoeber, at 69 E. 59th St., New York, N. Y., under the auspices of the Columbia University, the subscription price being \$3.00; single copies, 35 cents.

PAGE: "AUTOMOBILE"

The Modern Gasoline-Automobile, Its Design, Construction, Operation and Maintenance. By Victor W. Pagé, M. E. New York: The Norman W. Henley Publishing Company. 1918. Price \$3.00 net.

This edition for 1918 is a practical, comprehensive treatise, explaining all principles pertaining to gasoline-automobiles and their component parts. It is unusually complete and up-to-date, and of decided service to owners of automobiles, especially those who themselves take care of their own cars.

"HUGHES' PRACTICE OF MEDICINE"

Hughes' Practice of Medicine: Including a Section on Mental Diseases and One on Diseases of the Skin. Eleventh edition, revised and enlarged by R. J. E. Scott, M. D. With 63 illustrations. Philadelphia: P. Blakiston's Son & Co. 1917. Price \$3.00.

Here is another old standby of which successive editions are constantly called for. In these days, it means something for a

textbook on the practice of medicine to be published in the eleventh edition. It means that the work has made for itself a firmly established and well-deserved place in the estimation of physicians. That this good opinion is well justified, can easily be seen by reading a paragraph here and there without any particular selection. Discussions are as concise as is compatible with clearness. The treatment suggested is sensible. Altogether, "Hughes" is a good book to have on hand constantly.

WILCOX: "MATERIA MEDICA AND THERAPEUTICS"

Materia Medica and Therapeutics, Including Pharmacy and Pharmacology. By Reynold Webb Wilcox, M. D. Ninth edition, revised in accordance with the U. S. Pharmacopeia, IX, With Index of Symptoms and Diseases. Philadelphia: P. Blakiston's Son & Co. 1917. Price \$3.50.

Wilcox's textbook on materia medica and therapeutics is well known. In the preparation of the present, ninth, edition, the changes made in the last revision of the U. S. Pharmacopeia have been referred to. The volume is small and handy, the print is clear, and the utilization of different sizes of type, also of a thin opaque paper, makes possible the inclusion of a great deal of material in a relatively small volume. The Reviewer often consults this book with much satisfaction and can cordially recommend it.

DEAVER AND McFARLAND: "THE BREAST"

The Breast: Its Anomalies, Its Diseases, and Their Treatment. By John B. Deaver, M. D.; Joseph McFarland, M. D. Assisted by Leon Herman, M. D. With 8 colored plates and 277 illustrations in text. Philadelphia: P. Blakiston's Son & Co. 1917. Price \$9.00.

This is a monographic treatise of the anomalies and diseases of the female breast and their treatment. As is but natural, the discussion of tumors of the breast occupies the main portion of the book. A consideration of the immense literature of anomalies and diseases of the breast is appended to each chapter, and the text gains for being the product jointly of surgeon, path-

ologist, and anatomist. It may be trite to deal in superlatives, yet, we are constrained to designate this work as truly monumental.

WILLMAN: "MARRIED LIFE"

Married Life: A Family Handbook. By Reinhold Willman, M. D. Chicago: J. S. Hyland & Co. 1917. Price \$3.00.

This book, which is intended for the instruction of the laity, contains much good advice. This and the evidently honest desire of the author to be of service to his fellow men, justify its publication. However, the same amount of information and instruction as is contained in the 420 pages could easily have been presented in one-half or even one-third of that space, since there is quite too much repetition. We recommend a second edition, to contain about 100 pages, without repetitions, without irrelevant remarks, without any attempts at "poetry," and, in short, without any padding whatever. The result would be a very good and useful volume.

SOME BOOKS BY MISS COCROFT

The Reviewer is in receipt of three books by Miss Cocroft, written in her usual felicitous and helpful style and which are certain to do much good, as textbooks for the patients themselves. Usually Miss Cocroft is very careful not to pass beyond the line which marks the signal when it is best to consult a physician. Only in "Let's Be Healthy in Mind and Body" it may be objected that too much amateur information is presented to the reader, most of which is almost certain to be misunderstood, with possibly undesirable consequences. Nevertheless, all three books are well worth the careful study of women—and they won't do any harm to men readers, either. The titles of these books are as follows:

"Let's Be Healthy in Mind and Body. How to Build and Retain Health." Illustrated. By Susanna Cocroft.

"The Woman Worth While." By Susanna Cocroft.

"What to Eat and When." By Susanna Cocroft.

These books are published by G. P. Putnam's Son, New York, and can be had in bookstores or bought from Miss Cocroft, the price being \$1.50 each.

Condensed Queries Answered

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report their results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

Queries

QUERY 6367.—"Chorea or Hysterical Tremor?" O. T., Missouri, has a male patient, forty-four years of age, who four years ago had a "nervous breakdown" and was treated by a specialist, however, with very little benefit. The diagnosis at the time was "chorea", many symptoms of which disease, the man does present at present. He is very nervous and jerky and does not rest well at night. His breath is offensive most of the time; however, his weight stays about the same and he has a good appetite. He often complains of dizziness and that the bowels usually are loose. At times, he cannot articulate well. As a rule, he has to urinate several times during the night.

Such conditions of nervous disequilibrium require very careful study, and, while it is more than possible that an autotoxemia of intestinal origin is at the bottom of the trouble, some serious alteration in the nervous system may have occurred.

The reflexes should, of course, be tested. Also we would suggest that you send a 4-ounce specimen of urine (taken from the mixed 24-hour output, and stating the total quantity voided) to a competent pathologist, for examination. At the same time, state your patient's height, weight, pulse rate, and blood pressure, and give some idea of his past history; especially is it essential to know whether syphilis and gonorrhea can positively be excluded.

It must be borne in mind that after a "nervous breakdown" so-called hysterical tremor may be present and this closely simulate true chorea. Characteristic of such form of chorea is its dependence upon psychical conditions; but, of course, one must be particularly cautious when passing judgment, for, the nonhysterical varieties

of tremor, even those due to organic lesions, often are greatly influenced by the emotions. A rather certain method of differentiating consists in intellectual and sensory diversion, as, for instance, having the patient listen to the ticking of a watch which is gradually being removed to greater distances from the ear, letting him spell the name backward, and such like. If during such procedure a decrease of the tremor occurs, the probability of its being of the hysterical type is very great and a guide for treatment is then at hand.

You do not state whether the patient now uses or has used tobacco or alcohol in excessive quantities, nor do you give us a clear idea of the character of the involuntary movements or the part of the body affected. Upon receiving more definite information, we may be able to offer more useful suggestions.

QUERY 6368.—"Calcium Sulphide in Mercury Poisoning." L. B. A., Mississippi, desires literature on the use of calcium sulphide intravenously in bichloride of mercury poisoning.

Dr. J. H. Wilms's article on this subject appeared in *The Journal of Laboratory and Clinical Medicine*, for April, 1917, and there he recommended the administration of calcium sulphide, by mouth, in from 2- to 5-grain doses every hour, until an "excessive" amount has been taken. Intravenously, a solution of calcium sulphide not stronger than 1 grain in 1 ounce of water, boiled and filtered through cotton, may be given. The amount given must be 1 grain of calcium sulphide for each 1 grain of mercury bichloride taken. The solution should be prepared freshly, as decomposition takes place rapidly. One in-

travenous injection is sufficient, and lavage of the stomach then is unnecessary.

Wilms calls attention to the fact that a deteriorated solution is likely to produce convulsions, owing to the action of free calcium on the spinal cord. Another danger is, the possibility of the presence, in such a deteriorated solution, of hydrogen sulphide, which, of course, is extremely toxic.

Attention is called, also, to the fact that the administration of white of egg and also gastric lavage are entirely useless, as mercury bichloride is so rapidly absorbed that very little remains in the stomach at the end of five minutes. The vomiting, moreover, is usually so profuse that, if any free bichloride still were present, it could not remain long enough to cause further damage.

Wilms states that recovery has taken place when the antidote was administered, by mouth, as late as twelve hours after 7.5 grains of mercury bichloride had been swallowed and after thirty hours, when administered intravenously. He considers the intravenous method of giving the calcium sulphide preferable, for the simple reason that the patient thus certainly receives the required amount of the antidote—that is, 1 grain of calcium sulphide for 1 grain of mercury bichloride ingested. Still, it has been proven that calcium sulphide may be administered by mouth, with satisfactory results, when the intravenous method is not practical. Of course, should the condition of the patient warrant, both methods may be employed, and the internal administration of calcium sulphide continued until all symptoms of mercurialism have disappeared.

QUERY 6369.—“Aconitine and Veratrine in High Blood Pressure.” R. E. S., Ohio, desires information regarding the treatment of high blood pressure with the active principles.

The two most valuable remedial agents are, undoubtedly, aconitine and veratrine. We are sending you a reprint of an article by Doctor Achard, “A Study of Aconite,” which covers this subject and will, we believe, prove of interest.

In this connection, we would call your attention to the fact that for many years we have urged the use of a combination of aconitine, digitalin, and strychnine—the

socalled dosimetric trinity of Burggraeve—as a circulatory equilibrant, and have as persistently advocated the use of veratrine in small repeated doses; this drug acting as a vascular tensor, retarding without weakening the heart's action.

As a matter of fact, veratrine, aconitine, nitroglycerin, sodium nitrite, and potassium iodide are the only effective remedial agents for this condition at our disposal—remembering that the action of nitroglycerin and of its congener, the sodium nitrite, is entirely too evanescent to be considered, except for fugitive purpose.

In every case, of course, it is absolutely essential that the cause of increased blood pressure be ascertained and, if possible, corrected. It is also equally essential that the patient be properly dieted and instructed in the proper mode of living.

You will find Cowing's “Blood Pressure” extremely informative. Other treatises worth consulting are, Mackenzie's “Diseases of the Heart” and Janeway's “Clinical Study of Blood Pressure”. The subject is fully covered, also, in DaCosta's “Physical Diagnosis.”

It is interesting to observe that Thomson, the American herbalist, many years ago, stated that he considered aconite the most efficient and permanently beneficial vasodilator. He says that the only agent which approaches aconite for this purpose is veratrum viride, and adds this statement:

“There need be no fear of primary depression of the heart, because of the relief afforded by dilatation of the arteries. One of the most indisputable proofs of this statement is shown by the prompt increase in the elimination of urea by contracted kidneys. I have shown in several articles that in cases of undoubted shrunken kidneys, accompanied by all characteristic symptoms, the excretion of urea has, by the administration of aconite, been doubled or trebled and in not a few cases quadrupled.”

QUERY 6370.—“Menstruation During Pregnancy.” C. A. F., Wisconsin, writes: “A patient of mine, a woman who has spent some time on the isthmus of Panama, makes the statement that she was told by women down there that it was common for them to have regular monthly flowings during the months of their pregnancy. My impression is, though, that, seeing that she was so afflicted (and finally miscarried),

they told her this to relieve her mind. Do you know whether there is any foundation for such a statement? Does a tropical climate produce such a condition in Panama or anywhere else? I do not believe it possible."

Obviously, up to the fifth month, when the two deciduas fuse, a menstrual flow could occur and instances where "a normal menstruation persisted during the nine months" have been reported by Caruso and by Pettey. However, whenever a discharge of blood occurs, under such conditions, it is wise to consider it pathologic and to examine carefully for cervical erosions, disease of the endometrium, uterine polyp, fibroids, rupture of a varix at any point in the cervical or vaginal or vulvar canal, extrauterine pregnancy, myxomatous degeneration of the chorion, and so on.

One is reasonably safe in regarding a woman menstruating normally as not pregnant; however, there still is considerable divergence of opinion on this point. It has been pointed out that, save where a double uterus exists, the hemorrhagic discharges occurring during pregnancy may resemble menstruation, but, that they invariably differ from the latter in the quantity and the quality of the blood.

Such a careful observer as Pinard has stated that a case of persistence of menstruation in a pregnant woman had never yet been observed; and Dakin considers that, "while one monthly bleeding may be allowed to pass as a menstruation, in the absence of any other discoverable cause, any repetition should be looked upon as a threatening of abortion and the patient treated on this assumption."

On the other hand, a number of American writers do not regard the persistence of menstruation as impossible; still, as a rule they are careful to speak of the existence of a "periodic flow," instead of using the word menstruation. In this connection, you may call to mind that a few cases have been reported in which the women never "menstruated" except when they were pregnant.

In the present writer's opinion, it is possible for a woman to menstruate, in the true sense of the term, for the first two or even three months of pregnancy; however, after that, when we consider intrauterine conditions, it is only reasonable to presume the show of blood as being pathologic. Of

course, in tropical and subtropical countries, such discharges would be observed more frequently than in colder climates.

QUERY 6371.—"Eczema Manuum?" J. C. H., Arkansas, has under his care a patient suffering from a skin disease affecting the hands from the wrist to the ends of the fingers, and whom four or five other doctors have been unable to cure. "The skin," he writes, "is rough, red, and angry-looking; there is some itching and burning and the parts bleed easily. The lesions almost heal up at times for a week or so, then itching begins and the patient will scratch the parts until they become very much inflamed. The condition somewhat resembles pellagra. The skin is thickened and little pustules form, which contain a little colored fluid. It does not look like dermatitis or urticaria. The patient is a married woman, twenty-eight years of age, mother of two children. Her general health is good. She has had this skin trouble for one year. Her kidneys are in good condition; bowels seemingly are regular; appetite is good."

We can not venture a positive diagnosis in this case, although we should hesitate somewhat to exclude pellagra without having much more definite evidence. It is possible, however, that you have to do with the vesicular form of eczema manuum. As a matter of fact, the diagnosis rarely is difficult and the disease can readily be distinguished from dermatitis venenata, pompholyx, and syphilis.

Women who naturally are obliged to have their hands in water a great deal should wear loose rubber gloves, and the hands always should be protected from cold and wind by wearing gloves.

In the moist types, the conjoint use of black wash and zinc-oxide ointment is most serviceable, or, a boric-acid wash may be employed, with the supplementary use of some such ointment as, for instance, this: dried alum, grs. 5; ichthyol, grs. 10; phenol, grs. 5; resin cerate, enough to make oz. 1. The present writer finds the following creolinated zinc-oxide ointment most efficacious: zinc oxide, 20 parts; creolin, 2.75 parts; ceresin, 10 parts; petrolatum, enough to make 100 parts.

Always, as a matter of course, the underlying disorders of the body-chemistry must be recognized and corrected; that is to say, thorough elimination—renal, dermal, and

intestinal—should be maintained, the patient placed upon a carefully regulated diet, and digestion assured. Very often arsenic sulphide, 1-64 grain, after each meal, gives excellent results. Where there is anemia, the triple arsenates with nuclein will prove preferable.

We suggest that you have this patient's urine and blood examined.

QUERY 6372.—"Lymphangitis?" E. M., West Virginia, is treating a very severe and stubborn case of lymphangitis, involving the left arm beginning in the left ring-finger and extending to the elbow. The auxiliary glands are not involved, but, the patient stated that some time ago the muscles of her neck on the left side were stiff and gave her a great deal of pain. She is normal in other ways and the trouble can not be traced to any infection. She is robust, thirty-nine years old, and has given birth to four normal children.

It is difficult to offer diagnostic and therapeutic suggestions in the case you so briefly describe.

You do not tell us whether the affected area is markedly edematous or give us any idea of the condition of the body-chemistry. It would be well, we think, to have both the urine and blood examined.

As you are aware, such an affection of one arm and hand may be the result of a tumor of the mediastinum or lung, aneurism of the arch of the aorta, axillary artery, thrombosis of the axillary vein, or enlargement of the axillary glands. The latter condition, you state, does not obtain in this patient.

If there is no marked edema, but, simply a sensation of stiffness and pain, you may have a toxic neuritis to deal with; but, you definitely speak of a lymphangitis. Such a condition beginning with the left ring-finger and extending only to the elbow, is distinctly peculiar. We can only think that there has occurred laceration of a lymphatic trunk or an occlusion of such a vessel by external pressure or internal obstruction.

If you will give us a clearer clinical picture and, at the same time, forward a 4-ounce specimen of urine (taken from the mixed 24-hour output, stating total amount voided) and also a blood-smear to a reliable

pathologist, for examination, communicating to us the text of the report, we may be in a position to aid you more intelligently than we can now.

State also, please, the surface temperature of the part involved, the amount of swelling, the existence of hyperesthesia or anesthesia, and the presence or absence of pain upon pressure over the upper part of the nerve-trunk supplying the area. Is there any tenderness along the cervical or dorsal vertebrae? Any tendency to hysteria?

QUERY 6373.—"Vulval Verrucae." E. A. B., Michigan, desires advice regarding a patient who presents on the vulvæ a chain of "hard, thick warts." He can not determine whether there is any gonorrheal or specific cause. Ordinary warts usually appear in groups and may or may not be pedunculated. If the latter, the best way to remove them is, to snip them off with a pair of scissors. Such warts are usually due to lack of cleanliness, to friction or pressure, though some writers have attributed them to an impaired condition of the body-chemistry. They cause no subjective symptoms unless they become irritated and inflamed, whereas venereal warts are almost always attended with an irritating discharge.

Internally, patients afflicted with ordinary warts may receive, with advantage, small doses of arsenic, say, 1-64 grain of arsenous sulphide after meals, or the triple arsenates of iron, quinine, and strychnine; as alternants thuja in 5-minim doses three times a day, alternated week and week about with tincture of iodine, 5 to 10 drops, well diluted with water twice daily.

If the warts are too numerous or too large to be removed by excision, the local application of nitric acid may prove satisfactory, the surrounding tissues first being smeared with petrolatum, and the acid applied by means of a glass pen (the kind used in marking with indelible ink). Deep cauterization should be avoided, by making several light applications of the acid, instead of using a large quantity at one time. Also, the salicylic acid and flexible collodion mixture (1:8) is very efficient. Lactic acid or acetic acid, also sometimes give excellent results.

